A meeting of the **Forth Valley NHS Board** will be held on **Tuesday 28 May 2024** at **9.30am** in the **Boardroom, Carseview House, Castle Business Park, Stirling FK9 4SW**.

Neena Mahal
Chair

AGENDA

1.	**Welcome, Apologies and Confirmation of Quorum**		**09.30**
2.	**Declaration(s) of Interest(s)**		
3.	**Minute of Forth Valley NHS Board meeting held on 26 March 2024**	For Approval	
4.	**Matters Arising from the Minute / Action Log**	For Approval	
5.	**Chair's Report** (Verbal update by Mrs Neena Mahal, Interim Chair)	For Noting	
6.	**Chief Executive's Report** (Verbal update by Professor Frances Dodd, Executive Nurse Director)	For Noting	
7.	**Patient Story** (Paper presented by Professor Frances Dodd, Executive Nurse Director)	For Assurance	
8.	**Strategic Risk Register – 2023/24 Q4 Update** (Paper presented by Mr Alastair Jack, Risk Management Advisor)	For Assurance	
9. COMMITTEE MINUTES AND AN OPPORTUNITY FOR COMMITTEE CHAIRS TO HIGHLIGHT MATERIAL ISSUES TO THE BOARD			
Governance Committee Minutes			
9.1	**Audit & Risk Committee Draft Minute: 22/03/2024** (Paper presented by Cllr Fiona Collie, Committee Chair)	For Noting	**10.05**
9.2	**Clinical Governance Committee Ratified Minute: 12/03/2024** (Paper presented by Dr Michele McClung, Committee Chair)	For Noting	
9.5	**Staff Governance Committee Draft Minute: 15/03/2024** (Paper presented by Mr Allan Rennie, Committee Chair)	For Noting	
Advisory Committee Minutes			
9.6	**Area Clinical Forum Ratified Minute 25/01/2024 & Draft Minute 21/03/2024** (Paper presented by Mrs Kristin Cassells, ACF Chair)	For Noting	
9.7	**Area Partnership Forum Ratified Minute: 19/03/2024 & 23/04/2024** (Paper presented by Mr Robert Clark, APF Co-Chair)	For Noting	

Integration Joint Board Minutes			
9.8	**Clackmannanshire & Stirling Joint Board Ratified Minute 29/11/2023** (Paper presented by Cllr Gerry McGarvey, Clackmannanshire & Stirling Integration Joint Board Chair)	For Noting	
9.9	**Falkirk Integration Joint Board Ratified Minute 01/12/2023** (Paper presented by Cllr Fiona Collie, Falkirk Integration Joint Board Chair)	For Noting	
STRATEGY AND PERFORMANCE UPDATES			
10.	**Update on Level 4 Escalation** (Paper presented by Professor Frances Dodd, Executive Nurse Director)	For Assurance	**10.15**
11.	**Healthcare Improvement Scotland Safe Delivery of Care Follow-Up Inspection Report and Improvement Plan** (Paper presented by Professor Frances Dodd, Executive Nurse Director)	For Assurance	**10.25**
12.	**Urgent and Unscheduled Care Update** (Paper presented by Mr Garry Fraser, Director of Acute Services, Ms Gail Woodcock, Chief Officer Falkirk Health & Social Care Partnership, and Mr David Williams, Chief Officer Clackmannanshire & Stirling Health & Social Care Partnership).	For Assurance	**10.30**
BREAK			**11.00**
13.	**Performance Report** (Paper presented by Ms Kerry Mackenzie, Head of Corporate Governance)	For Assurance	**11.15**
14.	**Healthcare Associated Infection Reporting Template** (Paper presented by Mr Jonathan Horwood, Area Infection Control Manager)	For Assurance	**11.30**
15.	**Person Centred Care Report** (Paper presented by Professor Frances Dodd, Executive Nurse Director)	For Assurance	**11.40**
16.	**a) Whistleblowing Standards and Activity Report** (Paper presented by Professor Frances Dodd, Executive Nurse Director)	For Assurance	**11.50**
	b) Whistleblowing Annual Report 2023/24 (Paper presented by Professor Frances Dodd, Executive Nurse Director)	For Approval	**11.55**
17.	**Finance Report Including Financial Sustainability** (Paper presented by Mr Scott Urquhart, Director of Finance)	For Assurance	**12.05**
18.	**Alva Medical Practice Boundary Change** (Paper presented by Mrs Gail Duncan, Primary Care Contracts Manager)	For Approval	**12.20**
19.	**Falkirk Assurance Report** (Paper presented by Ms Gail Woodcock, Chief Officer Falkirk Health & Social Care Partnership)	For Noting	**12.30**
20. ANNUAL REPORTS			

Governance Committee Annual Reports 2023/2024			
20.1	**Audit & Risk Committee** (Paper presented by Cllr Fiona Collie, Committee Chair)	For Noting	**12.40**
20.2	**Clinical Governance Committee** (Paper presented by Dr Michele McClung, Committee Chair)	For Noting	
20.3	**Performance & Resources Committee** (Paper presented by Mr Martin Fairbairn, Committee Chair)	For Noting	
20.4	**Staff Governance Committee** (Paper presented by Mr Allan Rennie, Committee Chair)	For Noting	
Advisory Committee Annual Reports 2023/2024			
20.5	**a) Area Clinical Forum** (Paper presented by Mrs Kirstin Cassells, Committee Chair)	For Noting	
	b) Area Partnership Forum (Paper presented by Mr Robert Clark, Committee Chair)	For Noting	
Other Annual Reports			
20.6	**Data Protection Officer Report** (Paper presented by Mrs Sarah Hughes-Jones, Head of Information Governance)	For Noting	**12.50**
20.7	**Nursing, Midwifery and Allied Health Profession (NMAHP) Annual Report 2023/24** (Paper presented by Professor Frances Dodd, Executive Nurse Director)	For Noting	**12.55**
Communication Update			
21.	**Communication Update** (Paper presented by Mrs Elsbeth Campbell, Head of Communications)	For Noting	**13.05**
22. ANY OTHER COMPETENT BUSINESS			**13.10**
23. RISKS AND REFLECTIONS			
24.	**Date and Time of Next Meeting** Tuesday 30 July, 9.30am		**13.15**

FORTH VALLEY NHS BOARD
TUESDAY 28 May 2024

3. Minute of the Forth Valley NHS Board Meeting held on Tuesday 26 March 2024
For Approval

DRAFT Minute of the Forth Valley NHS Board Meeting held on Tuesday 26 March 2024 in the Boardroom, Carseview House.

Present:
Mr Allan Rennie (Chair)
Mr Robert Clark (Non-Executive Director)
Ms Amanda Croft (Interim Chief Executive)
Prof Frances Dodd (Executive Nurse Director)
Mr Martin Fairbairn (Non-Executive Director)
Cllr Wendy Hamilton (Non-Executive Director)
Mr Gordon Johnston (Non-Executive Director)
Mr Stephen McAllister (Non-Executive Director)
Dr Michele McClung (Non-Executive Director)
Mr Andrew Murray (Medical Director)
Mr John Stewart (Non-Executive Director)
Mr Scott Urquhart (Director of Finance)

In Attendance:
Mrs Elsbeth Campbell (Head of Communications)
Dr Jennifer Champion (Acting Director of Public Health)
Ms Morag Farquhar (Associate Director of Facilities & Infrastructure)
Mr Garry Fraser (Interim Director of Acute Services)
Mr Scott Jaffray (Associate Director of Facilities & Infrastructure)
Ms Anne Marie Machan, Internal Audit
Ms Kerry Mackenzie (Head of Policy and Performance)
Ms Jackie McEwan (Corporate Business Manager)
Mr John Ratcliffe (Board Secretary)
Mr Kevin Reith (Interim Director of Human Resources)
Mrs Sarah Smith (Minute taker)
Ms Jillian Thomson (Deputy Finance Director)
Miss Vicky Webb (Risk Management Advisor)

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1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting. Formal apologies were recorded for Mr Gerry McGarvey and Cllr Fiona Collie. It was confirmed the meeting was quorate.

2. Declaration(s) of Interest(s)

Professor Dodd advised that in November 2023, she was awarded an Honorary Clinical Professorship from Stirling University.

There were no other declarations of interest made.

3. Minute of Forth Valley NHS Board Meeting held on Tuesday 28 January 2024

The minute of the meeting held on 28 January 2024 was approved.

4. Matters Arising from the Minute / Action Log

The action log was reviewed, and an update provided as follows:

Professor Dodd provided an update against action 006 Person Centred Complaints and Feedback Report. The previously highlighted challenge was reiterated, namely there being no relevant benchmarking data in relation to prison complaints. Mr Fairbairn confirmed this action had been raised from a point of curiosity and the Board confirmed they had no concerns and supported the action being closed. It was noted that work would continue to establish appropriate benchmarking.

For action 008 Healthcare Strategy, this item was on the agenda and would be discussed under Item 7.1 Population Health and Care Strategy.

In terms of matters arising, Mr Allan Rennie advised the Board that Ms Neena Mahal MBE DL, would be taking up the post of Interim Chair from 1 April 2024. Detail was provided around her background and public service record.

Mr Kevin Reith advised the advert for the substantive Chief Executive appointment would go live today (26 March 2024). Closing date for the post would be 6 April 2024 with interviews anticipated in mid-June.

The Board was informed that Ms Gail Woodcock, Head of Integration Service, had been appointed to the role of Chief Officer, Falkirk. This was following the retiral of Ms Patricia Cassidy. The Board thanked Ms Cassidy for her long and valuable service.

It was confirmed that from 1 April 2024, Cllr Gerry McGarvey would be Chair of the Clackmannanshire and Stirling Integration Joint Board (IJB).

Mr John Stewart requested an update on the unannounced HIS Inspection that was highlighted at the last meeting. Professor Dodd confirmed that, following a delay where further evidence was requested, publication of the report was anticipated 25 April 2024. The Board requested communication be issued to staff once published.

Actions:

- All staff to receive communication following publication of the HIS report.

Patient/Staff Story

Prof Frances Dodd introduced the patient story, advising this focussed on the rehabilitation of 91 year old Joy Scott, following a fracture. The local REACH Team had visited her at home to help her undertake the intensive physiotherapy required. The benefits of the service were outlined by the Physiotherapist, Fiona Currie. Ms Scott expressed her gratitude to the team, noting the benefit of encouragement and the resulting increase in confidence. Ms Scott was now back gardening, which she had been concerned would not be possible.

The Board sought clarity around any impact assessment undertaken to determine investment benefit and savings on home provision of care. It was confirmed no formal work had been undertaken in this area, but there was clear evidence to support the benefits of the service particularly around the reduction in admissions and reliance on long term care.

The Board noted the excellent patient story.

5. FOR APPROVAL

5.1 Draft 2024/25 Financial Plan

The NHS Forth Valley Board considered the 2024/25 Financial Plan.

The Forth Valley NHS Board:

- **Noted the financial planning assumptions underpinning the proposed 5-year Revenue and Capital Financial Plans 2024 – 2029.**
- **Noted the detailed savings plans set out within the Financial Sustainability Action Plan embedded at Appendix 2.**
- **Noted the significant level and scale of financial challenge identified and the associated high risk to delivery of financial balance in each year of the plan.**
- **Noted that the draft Financial Plan was presented to the Performance and Resources Committee on 27 February, together with a draft Financial Sustainability Action Plan.**
- **Noted that opening IJB budgets for 2024/25 have been confirmed to colleagues in line with requirements.**
- **Considered the appropriateness of proposed assurance level, considering the overall financial position and strategic financial sustainability risk rating.**
- **Approved the Financial Plan 2024/25 to 2028/29.**

Key points:

- The Board recognised the 5-year plan had been prepared in the context of sustained demand on our services. This covered both Capital and Revenue and was considered by the Performance and Resources Committee on 27 February 2024.
- Assurance was provided that the Board would not require brokerage for the 2024/2025 financial year.
- The Plan set out an initial gap for 2024/25 of £58.4m between spend and resources. This was 8.5% of the 2024/25 baseline budget.
- An assumption has been made around Agenda for Change pay and non-pay commitments (covering protected learning time; reduction in working week and Review of B5 Nursing). Expectation was that these would be funded through a pay award from Scottish Government.
- Savings plans to date totalled £43.8m in Year 1. These were outlined on page 8 of the paper and focussed around main areas of cost pressures; workforce; medicines and waste. The residual gap after savings was £14.5m.
- Longer term clear alignment to Population Health and Care priorities were required to address wider determinants of ill health and maximisation of value.
- Next steps would be for the Financial Plan to be submitted to Scottish Government.
- The ongoing scrutiny from the Performance and Resources Committee was noted.
- Discussions were ongoing with Chief Finance Officers for both Partnerships to ensure a whole system approach.
- The Board acknowledged the 5-year plan and increasing impact of the required savings.

6.2 Community Planning Partnership & Anchor Institution Update including Anchor Baseline Data

The NHS Forth Valley Board received an update on Community Planning Partnership & Anchor Institution Update.

The Forth Valley NHS Board:

- **Noted the community planning partnership activity provided.**
- **Noted the NHS Forth Valley Anchor Plan progress.**
- **Considered the anchor baseline metrics.**
- **Approved the anchor baseline metrics, subject to the action highlighted.**
- **Considered the reasonable assurance of delivering our anchor and community planning contributions to our local communities.**

Key Points:

- The Board noted the required evidence in terms of the Scottish Government Local Delivery Plan 2024/25.
- An NHS Forth Valley Community Planning Group would be established to manage planning, delivery and monitoring around contributions to key documents.
- The strategic alignment of plans was recognised as a key ambition.
- Ongoing and planned work was outlined within the paper along with other Local Delivery Plan priorities.
- A progress update was provided around the NHS Forth Valley Anchor Plan 2023-2026.
- Feedback was provided from the Anchor Board meetings noting key discussion points.
- Detail was provided around the requirement to develop a clear baseline around key areas. Key metrics were noted around the areas of Workforce/Procurement/Land and Assets.
- The living wage was listed as a workforce metric and Mr Kevin Reith provided assurance around the Board's position. However, follow up would be undertaken to confirm the accreditation process.
- The Board sought clarity around Metric W15 in terms of recruitment groups. It was confirmed discussions were ongoing with Noelle McKay in her role as Employability manager.
- Dr Jennifer Champion praised the fantastic work being undertaken and confirmed that Public Health Scotland had agreed to work with NHS Forth Valley to develop wellbeing economy indicators. This would support the Anchor work.

Actions:

- The accreditation process around the living wage to be confirmed by Kevin Reith.

6.3 Code of Corporate Governance

The Forth Valley NHS Board received an update on the Code of Corporate Governance.

The Forth Valley NHS Board:

- **Noted the amendments to the Code of Corporate Governance.**
- **Noted the updated Terms of Reference within Section A - Standing Orders.**
- **Noted further updates will be made to the Code of Corporate Governance as necessary to ensure it reflects current policy and guidance.**
- **Approved the Code of Corporate Governance ahead of presentation to the Board Assurance Committees.**

Key points:

- An annual review had been conducted with updates made in line with current policy and guidelines. Presentation had been made to the Audit and Risk Committee on 22 March 2024.
- Key amendments were outlined and noted by the Board.

- A review of the Scheme of Delegation was currently being undertaken which would be included in the Code of Corporate Governance and presented to the Audit and Risk Committee in June, then to the Board in July.
- The Board recognised a number of additions required which related to records management and document retention periods. Liaison was ongoing with Head of Corporate Governance. An update would be undertaken alongside the Scheme of Delegation.
- The Board noted a full review and update will be undertaken in March 2025.

6. BETTER CARE

7.1 Population Health and Care Strategy Revised Timeline

The Forth Valley NHS Board considered the Population Health and Care Strategy Revised Timeline.

The Forth Valley NHS Board:

- **Noted the amended timeline for the development and publication of the Population Health and Care Strategy.**

Key points:

- The Board acknowledged the contributing factors for the extended timeline.
- The benefits for undertaking a Population Health approach were recognised.
- The Board recognised the new timeline would enable further engagement and would include a Board Seminar on 7 May 2024.
- The provided timeline was noted, with the final draft anticipated between 31/08/24 and 11/10/24.
- The engagement process was already well defined with support noted from Hazel Meechan.
- The importance of staff engagement was recognised with a need to utilise Communication Groups and undertake engagement events. Engagement focus would be during May and July.
- The Employee Director, Robert Clark, highlighted this timeline would be in the middle of the iMatter process. It was agreed further consideration would be required and the initial communication plan would be revisited.
- Mr Gordon Johnstone highlighted that due to publication date of December 2024, the Plan should be for 2025 – 2030. This would be amended.
- Jennifer Champion highlighted the importance of including all Community Planning Partnerships. Assurance was provided that indicators were being developed.
- Alignment to the John Brown work was noted, with Ms Mackenzie providing assurance there were links to the Strategies within the Blueprint for Good Governance.
- It was agreed a formal consultation timetable would be provided to the next Board meeting. **Action: Andrew Murray**

Actions:

- Andrew Murray to revisit the timing of the Population Health and Care Strategy engagement communication plan. Formal timetable to be shared with the Board.

7.2 Person Centred Care Report

The Forth Valley NHS Board received a Person-Centred Care Report.

The Forth Valley NHS Board:

- **Noted the current complaints position and recognised discussions were underway regarding the importance of timely responses and engagement with the patient relations team.**
- **Noted the challenges in demand and capacity within the service and the proposal for further workforce analysis in year 2024.**
- **Noted the action and mitigation plan (Page 23).**

Key Points:

- The Board acknowledged the report provided a reasonable level of assurance, which related to the data and actions related to mitigations being taken. It was recognised that performance remained challenging.
- As outlined on page 23, the main area of focus related to prioritisation of outstanding complaints, with significant reduction in tail noted. Review of SAR's, complaints and organisation learning was also prioritised with focus around alignment of processes, where appropriate. Review of statement template and technology opportunities was also ongoing.
- A workforce review was underway to ensure the workforce was aligned with the service needs.
- Performance management measures were being reviewed in relation to development of a Balanced Scorecard.
- A programme of training and education for staff was being undertaken both locally and with a wide focus to aid in the development of the person-centred care approach.
- Focus was on improvement of the Stage 2 Performance, noting the position for December 2023 was better than the average from the rest of the year. A spike of 32% was noted in November 2023.
- Early intervention was a focal point for the team.
- Productivity of the Patient Relations Team was being monitored on a daily and weekly basis. This would ensure early identification and management of any performance issues. Mitigation within the workforce challenges were identified with short term contracts being offered. Staff returning from long term sickness, who were unable to undertake clinical duties, were also being utilised. The Board were supportive of this.
- A Senior appointment had been made to focus on performance, particularly within the Acute Directorate.
- The Board praised the positive Care Opinion stories being received with commitment of staff noted.
- The challenges around Prisons were highlighted by the Board, with Professor Dodd confirming the focus on movement into Stage 1 and ensuring early-stage responses. Key themes had been identified with network consistency ongoing.
- Page 8 outlined the learning themes with review of format ongoing to ensure this met the Board's requirements.
- The Board sought clarification around the process for organisational wide learning. In response, Professor Dodd noted an action within the Assurance and Improvement Plan around learning from Whistleblowing; Complaints and SAER's. Triangulation was underway to develop thematic elements. Whistleblowing themes had been brought to a recent Staff Governance Committee. It was agreed this be taken through the Clinical Governance Committee, but it was proposed the Board also be provided with an example in this area.
- Comparison with other Boards was sought and assurance was provided that, based on volume, NHS Forth Valley were below or similar to most others. However, there is no comparator across all Boards. This would be raised at the forthcoming NCPS meeting.
- The need for greater skill mix was noted, with potential to address as vacancies arose.
- The Board sought clarification around the reference on page 9 to parliamentary reporting. Reassurance was provided that this was normal process.

7.3 Healthcare Associated Infection Reporting Template

The Forth Valley NHS Board received the Healthcare Associated Infection (HAI) Reporting Template for February 2024.

The Forth Valley NHS Board:

- **Noted the HAIRT report.**
- **Noted the performance in respect of the AOP Standards for SABs, DABs, CDIs & ECBs**
- **Noted the detailed activity in support of the prevention and control of Health Associated Infection**

Key Points:

- Total SABs remained within control limits. There was one hospital acquired SAD in December 2023.
- Total DABs remained within control limits. No hospital acquired DABs were reported in December 2023.
- Total CDIs remained within control limits. No hospital acquired CDIs in December 2023.
- Total ECBs remained within control limits. One hospital acquired ECB was reported in the month of December 2023.
- There were no deaths with MRSA or C.difficile recorded on the death certificate.
- There were no surgical site infections in December 2023.
- There was one Covid-19 outbreak and two norovirus cases reported in December 2023.

7.4 Performance Report

The Forth Valley NHS Board considered the Performance Report for March 2024.

The Forth Valley NHS Board:

- **Considered the current key performance issues.**
- **Noted the detail within the Performance Report.**
- **Noted the whole system approach being undertaken to address the issues.**
- **Noted the challenges around imaging and work underway to improve the position.**

Key Points:

- Continuing challenge was recognised around achieving the 4-hour emergency standard. The position for February was 49%. As previously reported, an ongoing programme of work continued.
- As of the end of January 2024, there had been a reduction in the number of patients awaiting their first outpatient appointment. Activity rates were 99% against the agreed activity undertaken in the period of April 2023 to January 2024.
- There had been an increase in the number of inpatients / day cases waiting as well as those waiting beyond 12 weeks. Despite the increase, 116% compliance against the agreed activity plan was achieved.
- Imaging services were experiencing continued pressure, with a further increase in the number of patients waiting. Performance activity remained high at 95%.
- The number of patients waiting for an endoscopy had increased, with the performance against the agreed activity trajectory at 154% for April 2023 to January 2024.
- The position as of November 2023 for cancer services saw compliance as 76.8% against the 62-day target, with 5 services achieving 100%. The 31-day target continued to be met.

- For Psychological Therapies, in February 2024, 69.8% of patients began treatment within 18 weeks of referral. Due to existing long waits, the target will not be achieved.
- Performance against the 18-week RTT within Children and Adolescent Mental Health Services (CAMHS) achieved 95.6% for February 2024.
- There were 67 standard delays and 53 code 9 and guardianship delays in January 2024. The number of occupied bed days, excluding Code 9 and 100 had continued to increase to 3235 in February 2024. Local authority breakdown was provided.
- Garry Fraser provided an update around Unscheduled Care noting a position of around 47% with trajectories set with Scottish Government. These were broadly based on 2% increment per week for the next 6 weeks.
- A new Clinical Lead had been appointment for Unscheduled Care, Dr Santosh Salunke, noting their background as an Emergency Department Consultant. Work was commencing around introducing new processes which was welcomed by the ED Consultants.
- Challenge was noted around measurement of patient acuity and was recognised as an issue across Scottish Boards.
- In terms of contingency areas, Ward 5 in Stirling was now closed. Endoscopy and Day Surgery utilisation was impacting on the delivery of planned care, with work ongoing around extraction from these areas.
- Reassurance was provided around 6 key workstreams ongoing around the whole process from pre-Hospital to discharge. The Discharge without Delay was an area with existing metrics with promotion around appropriate processes.
- Detail was provided around key measures and KPI's noting positive automated data was being received, recognising this was at an early stage.
- Consultation work was ongoing with work continuing with Health and Social Care Partnerships around flow through the hospital.
- A learning visit had been made to NHS Fife to review their Integrated Discharge Model.
- Clarification was sought around how to establish appropriate volume through RACU, with assurance was provided around a suite of actions underway.
- Mr Fairbairn provided the Board with assurance that the Performance and Resources Committee would be exploring this area further.
- It was recognised that although Delayed Discharge was not moving, flow through the hospital showed improvement.
- Ms Amanda Croft recognised this was a whole system issue and provided assurance that she was spoke with Garry Fraser on a daily basis.
- Dr Jennifer Champion outlined ongoing work with Garry Fraser and Public Health Scotland with a meeting to take place on 16 April 2024. Focus areas were outlined and would include culture, behaviours of those attending ED. The use of NHS 24 and Primary Care would also be reviewed, with system modelling to be undertaken.
- In relation to Planned Care, CT utilisation was increasing across Scotland and work was ongoing to review processes and appropriateness of referrals. The 2 scanners within Forth Valley were working extended hours across 7 days but demand was still not being met. A call was scheduled with John Burns, Chief Operating Officer for Scottish Government on 2 April 2024, to discuss national funding for a 3rd CT Scanner.
- Confidence was noted around the CAHMS position, with the Board congratulating all involved.
- Ongoing vigilance was noted around the sickness absence rate with the Area Partnership Forum being very active in this area.

8. BETTER VALUE

8.1 Finance Report

The Forth Valley NHS Board received a 'Finance Report'.

The Forth Valley NHS Board:

- **Noted that following confirmation of additional non-recurring funding being provided by Scottish Government to all NHS Boards, a break-even position against Revenue Resource Limit is forecast for 2023/24. This remains subject to receipt of final anticipated allocations and expected spend profile for March.**
- **Noted that despite the favourable year-end forecast, significant financial pressures continue to be experienced within the Acute Services Directorate, due to ongoing temporary workforce demand and surge capacity, wider inflationary pressures, and Covid-19 legacy issues.**
- **Noted that delivery of the £25m savings programme remains on track however this remains largely non-recurring and further work to accelerate delivery of recurring savings is being progressed through the efficiency workstreams identified as part of the financial sustainability action plan.**
- **Noted a balanced capital position as at 29th February 2024 with a forecast break-even position against the Capital Resource Limit.**

Key points:

- The paper set out the current year financial position to 31 March 2024.
- Due to receipt of additional funding, break-even was being predicted for revenue and capital with a reasonable level of confidence.
- The Board noted caveats around the receipt of final allocations and confirmation of spend profile in March, which was anticipated in April.
- The funding was non-recurring, so re-identification of savings would be required for the 2024/25 financial year.
- Underlying pressures remained with limited improvement meaning an ongoing high level of risk.
- Benefit in nurse agency spend seen for Healthcare Support Workers in February. This set the groundwork for ongoing improvements.
- Annual Accounts would be presented to the Audit and Risk Committee on 14 June 2024, followed by the NHS Board on 18 June 2024 for final approval.
- Professor Dodd cautioned the Board around the continued reliance on additional contingency beds, would impact on reducing Nurse Agency beyond October 2024.

8.2 National Treatment Centre Update

The Forth Valley NHS Board received an update on the National Treatment Centre.

The Forth Valley NHS Board:

- **Noted the sustained effort by the National Treatment Centre project leads to secure solutions to address the outstanding NHS Scotland Assure recommendations.**
- **Noted the risks and work in relation to the fire safety and pipework compliance issues.**
- **Noted the ongoing work to progress the treatment of patients in advance of the completion of the new facility.**

Key Points:

- Background and context were provided.
- To date, around 130 staff had been recruited, 2 Theatres opened and additional MRI now operational.
- A paper was being prepared for the ELT to seek clarification around the number of vacancies and over- prediction. This was to reflect the difference in the normal

vacancy profile. Significant preparatory work was underway around the NTC with existing staff. There were no current concerns around staffing assuming the right level of recruitment was obtained from universities. Contact had been made with 5 different universities to ensure the workforce aligned with NHS Forth Valley requirements.

- The modular build ward annexed to FVRH was well progressed and formed a contract between Forth Health and Portakabin. NHS Assure's role was to ensure the building met building standards and safety.
- Previous updates had been provided through Performance & Resources Committee along with Staff Governance.
- Delays in opening were noted due to concerns raised by NHS Assure around pipework size. This was being registered as a defect. A second issue was around fire safety (smoke containment) and a solution was being progressed. It was recognised supported status was required from NHS Assure before the building could be used.
- Action status noted as reduced from 214 to 58 with focus on glide path to resolution. It was recognised that many issues were interlinked.
- All parties were actively addressing the issue to achieve solution.
- Reassurance was provided to the Board around the updates being provided to staff.
- It was agreed an update would be provided to the next Performance and Resources Committee.
- The Board sought clarification around Communication Strategy, with confirmation updates have been issued to staff, which would continue.

Actions:

- Performance & Resources Committee to receive a National Treatment Centre progress update from Scott Urquhart in April 2024.

8.3 Best Value Report

The Forth Valley NHS Board received an update on Best Value.

The Forth Valley NHS Board:

- **Considered the detail within the Best Value Framework Summary**

Key Points:

- The paper updated on the Best Value Framework and the supporting evidence for NHS Forth Valley.
- Best Value encompassed all aspects of NHS Forth Valley's operations and governance structures and there was a variety of evidence to support Best Value activities across the organisation.
- Key themes were outlined, with identification of the appropriate Assurance Committee or Executive responsible for each.
- Outlining of the work undertaken in support of Best Value arrangement.
- The Board noted endorsement provided by the Audit and Risk Committee on 22 March 2023.

9. BETTER GOVERNANCE

9.1 Escalation Update

The Forth Valley NHS Board received a verbal update on Escalation.

The Forth Valley NHS Board:

- **Noted their assurance around the ongoing work around Escalation.**

Key Points:

- A link to the Assurance and Improvement Plan to be circulated. This was now on the Internet and Intranet and would be updated following the Escalation Performance and Resources Committee on 2 April 2024.
- Since the last Board meeting, an Escalation Performance and Resource Committee was held on the 20 February with an Assurance Board on the 18 March 2024.
- A variety of changes had been made to the Plan based on these meetings and work was continuing and had been embedded into normal business processes.
- 91% of the actions were complete, with 3 outstanding actions which were outlined. Work was ongoing against all, with completion expected within the next few weeks.
- The Escalation Performance and Resources Committee had requested Internal Auditors provide assurance around the appropriate completion of the actions within the Plan. This had been agreed and a scoping meeting has taken place. Anne Marie Machan, Regional Audit Manager, was presented at the Board meeting.
- High level output would be presented to the next Assurance Board.
- At the Escalation Performance and Resources Committee on 20 February 2024, the Support and Intervention Framework was discussed. Positive progress was noted around discussions and the Plan presented. The Schematic at the end of the document was particularly praised.
- De-escalation had also been highlighted, noting very early work was being undertaken to determine key milestones. The Board noted this early-stage discussion and positive atmosphere. No specifics were provided around levels of reduction however it was felt that a reduction to Level 3 would send a good message to staff and the population of Forth Valley.

Actions:

- The link to the Assurance and Improvement Plan on the website to be circulated to Board members by John Ratcliffe.

9.2 Clackmannanshire & Stirling Assurance Report (taken after Item 6.3)

The Forth Valley NHS Board received a Clackmannanshire & Stirling Assurance Report.

The Forth Valley NHS Board:

- **Noted the report and progress by the HSCP in meeting its priorities in the Strategic Plan**
- **Requested a further assurance report in 6 months.**

Key points:

- The Board recognised the reasonable assurance level.
- An ongoing focus on financial and governance arrangements was recognised, noting engagement around the Board's financial position for 2024/25.
- The next IJB meeting was 31 March 2024 with presentation of financial proposals.
- Alignment to the Strategic Plan was noted which was set out to the IJB in 2023. This followed the expected direction for Health and Social Care Integration
- A shift in the balance of care was ongoing to focus on preventative and proactive integrated care.
- The Committee Assurance Statement would be presented to the IJB, which would outline the work of Committees over the last year.
- The Integration Scheme Review was a statutory requirement for both IJBs and it was recognised this was now 2-3 years beyond the expected timeframe. This was due to impact of integration scheme reviews. Councils and Health Boards have engaged external facilitators to lead this work for both IJBS. For Clackmannanshire and Stirling

perspective, a degree of risk was noted for the Health Board as a consequence of the position set out by Stirling Council in December 2023, which highlighted a degree of uncertainty. Amanda Croft would meet with Chief Executives to clarify the position. An additional complication was noted with the Stirling Council Chief Executive leaving post at end of April 2024. An anticipated timeframe was noted as October 2024.

- Assurance was provided that the Finance Performance Committee and the IJB received quarterly performance reports with next due in June 2024. Format work was ongoing to reduce narrative focus.
- Assurance was provided in terms of the items noted at Appendix 1, with a clear commitment made to Amanda Croft around clear alignment with the overall Health Board position.
- The Chair recognised the need for alignment around the whole system approach.

9.3 Governance Committee Minutes

9.3.1 Audit & Risk Committee Draft Minute: 26/01/24

The Forth Valley NHS Board:

- **Noted the key issues being highlighted to the Board following the Audit and Risk Committee on 26 January 2024.**
- **Noted the draft minute of the Audit and Risk Committee held on 26 January 2024 at Appendix 1.**

In Cllr Collie's absence, Mr Scott Urquhart confirmed the minutes had been approved on 22 March 2024. He outlined the key points from the most recent meeting, noting standing items which included progress reports and updates. In particular, the Committee considered the Evaluation Report which had been disseminated to various Governance Committees. An update was provided by External Audit who have subsequently provided a detailed plan. A quarter 3 Strategic Risk Report was presented. A Quarterly Report was provided by Shona Slayford, Counter Fraud Services, with a follow up meeting with Gordon Young (Counter Fraud Services) with a wider update around work which would tie into the Fraud Action Plan.

9.3.2 Clinical Governance Committee Ratified Minute: 16/01/24

The Forth Valley NHS Board:

- **Noted the ratified minute of the Performance and Resources Committee held on 16 January 2024.**
- **Noted the key issues being highlighted following the Clinical Governance Committee held on 12 March 2024.**

Dr Michelle McClung noted provided an update around the meeting held on 12 March 2024. An Escalation update was provided, in line with Version 3 of the Assurance and Improvement Plan. This was reported to the Performance and Resources Committee with a reasonable level of assurance. Professor Dodd gave an update on the Safe Delivery of Care with a closure report presented, which had a reasonable level of assurance. Following completion of mock inspections and subsequent HIS Inspection, this would then be undertaken as part of business as usual which was supported by the Committee. This had been strongly supported by the teams within acute and across the system.

In terms of Unscheduled Care, there was a focus around Risk Management Review, with the Risk Management Team developing review process going forward. This was undertaken as part of the review of SRR 002. This came to the Committee with limited assurance due to the new process development and the acknowledged challenges within this area.

A whole system assurance report was presented which was aimed at providing the Committee with assurance that processes within each Directorate were operating as intended. A reasonable level of assurance was provided.

The Committee also considered the 2022/23 ICE Report, specifically the actions relevant to Clinical Governance. A reasonable level of assurance was noted.

The Board sought clarification around the position around the GP Out of Hours update which was discussed at the January meeting. Mr Murray provided an example of the work undertaken, noting a reduction in the risk score around out of hours risk assessment. Ms Croft advised of favourable verbal feedback received from Sir Lewis Ritchie.

9.3.3 Escalation Performance & Resources Committee Ratified Minute: 19/01/24 and Draft Minute 20/02/24

The Forth Valley NHS Board:

- **Noted the key issues being highlighted following the Escalation Performance & Resources Committee meeting on 20 February 2024.**
- **Noted the ratified minute of the Performance and Resources Committee held on 14 November 2023.**

Mr Fairbairn provided an update on the key points from the meeting held on 20 February 2024. This noted an update in relation to the Assurance and Improvement Plan. This noted 24 of 30 high-level actions were completed. The next meeting would focus on ensuring appropriate validation around completion. This would include the Internal Audit process. The detail of the Governance items would also now be discussed during the Escalation Performance and Resources Committee.

9.3.4 Performance & Resources Committee Draft Minute: 27/02/24

The Forth Valley NHS Board:

- **Noted the key issues being highlighted following the Performance & Resources Committee meeting on 27 February 2024.**

Mr Fairbairn provided an update on the key points from the meeting held on 27 February 2024. This noted a helpful presentation around the Integration Review Scheme led by Patricia Cassidy and David Williams. This had provided strong assurance around the progress and improvements being made.

9.3.5 Staff Governance Committee Minute: 15/03/24

The Forth Valley NHS Board:

- **Noted the key issues being highlighted following the Staff Governance Minute 15 March 2024.**

Mr Allan Rennie provided an overview of the key discussion points, noting a focus around Agenda for Change with Mr Reith providing an overview and highlighting any emerging issues. A deep dive would be undertaken around and workforce planning. In terms of Performance, focus was proposed around key areas, such as turning off vacancies etc.

9.4 Advisory Committee Minutes

9.4.1 Area Clinical Forum Ratified Minute: 09/11/23

The Forth Valley NHS Board:

- **Noted the ratified minute of the Area Clinical Forum held on 9 November 2023**

Mrs Kirstin Cassells was not present so the minute was noted as presented.

9.4.2 Area Partnership Forum Ratified Minute: 23/01/24 & 20/02/24

The Forth Valley NHS Board:

- **Noted the ratified minute of the Area Partnership Forum held on 23 January 2024.**
- **Noted the ratified minute of the Area Partnership Forum held on 20 February 2024.**

Mr Clark advised that meetings continued to be monthly which was reflective of the ongoing pressures. Fortnightly meetings took place with staff side.

Ms Hilary Nelson, RCN Rep has left the organisation to work for RCN full time as a Senior Officer. In her absence, Karren Morrison would pick up the role of Health & Safety Chair. Nick Hill would be Job Evaluation Staff Side lead.

The Sturrock Report was an ongoing area of focus for the Forum and an update would be brought to the next meeting on 23 April 2024.

Review was also underway around the structure of the Forums, noting the APF has become more strategic focussed. Resultantly the structure of local fora was being reviewed to ensure the full organisation was represented.

Active engagement was ongoing with Human Resources and Acute, particularly around improvement. Specific focus areas were around the non-financial aspects of pay.

10. FOR NOTING

10.1 Clackmannanshire & Stirling Joint Board Draft Minute: 27/09/23

The Forth Valley NHS Board:

- **Noted the Clackmannanshire & Stirling Joint Draft Minute held on 28 September 2024**

As David Williams was not presented, the NHS Board noted the minute as presented.

11. ANY OTHER COMPETENT BUSINESS

11.1 Emerging Topics

11.1.1 Agenda for Change Review – Non-Pay Charges

The Forth Valley NHS Board:

- **Noted the update provided.**

- The changes were being made as part of previous years pay negotiation and covered three areas, reduction of the working week, protected learning time and national review of Band 5 Nursing roles.
- On 1 March 2024 all Boards were asked to implement change to the working week from 1 April 2024. The tight timeline was recognised.
- For protected learning time a circular had been disseminated and the Band 5 Review Guidance was in draft. Kevin Reith advised he would continue to engage in national discussions.
- Implications had been discussed with Staff Governance Committee and the APF. A partnership meeting took place with staff side colleagues following receipt of guidance around reduction of the working week. Consideration was ongoing around response.
- The need to minimise financial implications for the Board was recognised.
- Development of local guidance with management and staff side leads identified to manage the three strands of work.
- System changes around the reduction of the working week had progressed well. Guidance was being prepared for staff circulation.
- The Board recognised Mr Reith's positive leadership in this space.

12. Date of Next Meeting

Tuesday 28 May 2024 at 10.30am

ACTION LOG: NHS Forth Valley Board

NO.	DATE OF MEETING	AGENDA TOPIC / ITEM	ACTION	LEAD	TIMESCALE	COMMENT / PROGRESS	STATUS
006	30.05.23	Person Centred Complaints & Feedback report	Establish comparisons in relation to other board and prison complaints.	Frances Dodd	End August 2023 Revised date end January 2024	Difficulty in establishing like for like comparisons as a result of differing and diverse prison populations. Work continues to determine data to see if benchmarking of complaints across the prison estate can be realised in a meaningful way.	Closed – Board minute 26 March 2024
008	30.05.23	Healthcare Strategy	Present initial draft strategy to the Performance & Resources Committee in October ahead of NHS Board approval in November.	Chief Executive	TBC	Scheduled on P&RC and NHS Board planners. Update on agenda 26.09.23 A revised approach towards the development of the Healthcare Strategy is underway with a focus on Population Health. Timescales to be agreed. Further update to Board at next meeting.	In progress

013	26.03.24	Matters Arising from the Minute / Action Log	Communication to be issued to staff once the unannounced HIS inspection report had been published.	Frances Dodd	25 April 2024	Email circulated to Board members.	Complete
014	26.03.24	Community Planning Partnership & Anchor Institution Update including Anchor Baseline Data	Follow up required to confirm the accreditation process relating to the living wage being listed as a workforce metric.	Kevin Reith	28 May 2024	NHS Forth Valley has registered with Living Wage Scotland and colleagues in HR and Procurement are working to identify the work to complete the accreditation process	Complete
015	26.03.24	Population Health and Care Strategy Revised Timeline	The Population Health & Care Strategy timeline coincides with the iMatter process. Further consideration is required, and the initial communication plan is to be revisited. A formal consultation timetable for the Population Health & Care Strategy to be provided.	Andrew Murray	30 July 2024	Work ongoing to embed new approach and timeline for the development of the Population Health and Care Strategy.	In progress
016	26.03.24	National Treatment Centre Update	Update on National Treatment Centre to be provided at the next Performance and Resources Committee.	Scott Urquhart	30 April 2024	Paper presented to Performance & Resources Committee.	Complete
017	26.03.24	Escalation Update	Provide Board Members with a link to the published Assurance and Improvement Plan.	John Ratcliffe	26 March 2024	Email circulated to Board members.	Complete

STATUS:
Deadline passed / Urgent
In progress (deadline not reached) / On hold
Completed / Closed (incl. date)

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

7. Patient Story
For Assurance / Information

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Author: Caroline Logan, Person Centred Co-ordinator

Executive Summary
A short story detailing a patient's journey of care from A&E through to ICU, B11 and transfer of care to Glasgow Royal Infirmary.

This patient story presents a significant insight into one patient's experience within our organisation, spanning multidisciplinary services. We recognise that patient experiences vary and that, while we strive to deliver high-quality person-centred care at all times, there are occasions where we do not meet these expectations. Listening to patient stories, both good and bad, presents the opportunity for learning across the organisation.

The Dietetics and Pharmacy Team approached the Person Centred Care Team to support the creation of this Patient Story with the recognition that there are opportunities to improve service delivery and patient experience in the future. Having heard this story, the services are looking to address any deficits that this story has identified to meet complex nutritional care standards.

Recommendation
The Forth Valley NHS Board is asked to: -

- be assured that the Team locally are looking to address any deficits that this story has identified.

Assurance
Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

- A reasonable level of assurance has been reported on the basis services have recognised where care fell below the expected level of care and an action plan is in place to necessitate further review and service planning.

Key Issues to be Considered

- High prevalence of agency staff presents challenges of continuity of care and governance concerns regarding levels of staff competency, and skill sets.
- Need for further training across all appropriate professional staffing groups around PICC line insertion and maintenance.
- Further review required of Complex Nutritional Care Standards.

- Recognition of person centred care and ensuring advocacy and support mechanisms are in place when required. Challenges of multi- disciplinary and cross Board care and communication.
- Recognition of positive care experiences provided by substantive staff members across multiple healthcare professions.
- Prolonged length of stay awaiting home TPN training.

Actions:
- Story will be shared through appropriate governance structures and departmental meetings for awareness and learning.
- Dietetics and Pharmacy Teams to further consider and address any deficits that this story has identified.
- Continued commitment to reviewing the use of agency staff across the organisation.
- To improve cross Board communication with a specific aim to strengthen links with Teams and avoid unnecessary bed days while home TPN training is being undertaken.

Implications

Financial Implications
N/A

Workforce Implications
- Training required across multi-disciplinary teams.

Infrastructure Implications including Digital
- Recognition of cross Board challenges in accessing electronic patient records with implications on the delivery of safe and effective care.

Sustainability Implications
N/A

Sustainability Declaration
N/A

Quality / Patient Care Implications
- See Recommendation above.

Information Governance Implications
- Recognition of cross Board challenges in accessing electronic patient records with implications on the delivery of safe and effective care.

Risk Assessment / Management
- Recognition of risk associated with high usage of agency staff and Board wide plan already in place to reduce the incidence of agency staffing.

Relevance to Strategic Priorities
- The Patient Story supports the aims and objectives of the Person Centred Care Strategy and Quality Strategy.

Equality Declaration
N/A

Communication, involvement, engagement and consultation

- Dietetic Team
- Pharmacy Team

Additional Information

N/A

Appendices

N/A

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

8. Strategic Risk Register
For Approval

Executive Sponsor: Mr Scott Urquhart, Director of Finance

Author: Ms Vicky Webb, Corporate Risk Manager

Executive Summary

Effective Risk Management is a fundamental cornerstone of good Corporate Governance and Internal Control and is an essential component in the delivery of the NHS Board's corporate objectives.

The Board of NHS Forth Valley is corporately responsible for ensuring that significant risks are adequately controlled.

The enclosed report presents an update to the Strategic Risk Register for Quarter 4, 2023/24.

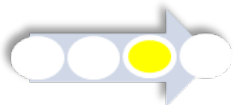
Recommendation

The NHS Board is asked to: -

- **Consider** the assurance provided regarding the effective management and escalation of strategic risks.
- **Approve** the proposed changes to the Strategic Risk Register for Quarter 4 2023/24.

Assurance

The paper and appendices provide assurance in support of the role of the Board in reviewing and assessing the adequacy of risk management arrangements, systems, and processes.

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

It should be noted that this assurance assessment relates solely to the Risk Management processes for Strategic Risks.

Key Issues to be Considered

During Quarter 4, the risk profile of the strategic risks reduced and further details on these risks and controls are contained in the enclosed review report, appendix 1.
To coincide with our regular work, one focused review has been conducted in this quarter. Section five of appendix one highlights specific details around:

- SRR002: Urgent & Unscheduled Care Focused Review

Implications

Financial Implications
Financial implications are included in the body of the paper where relevant to risk.

Workforce Implications
Workforce implications are included in the body of the paper where relevant to risk.

Infrastructure Implications including Digital
Infrastructure including Digital implications are included in the body of the paper where relevant to risk.

Sustainability Implications
Environmental Sustainability and Climate Change implications are included in the body of the paper where relevant to risk.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. *(please tick relevant box)*
□ *Yes*
✓□ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
Patient Harm and Patient Experience implications are included in the body of the paper where relevant to risk.

Information Governance Implications
Information Governance implications are included in the body of the paper where relevant to risk.

Risk Assessment / Management
Risk is the subject of the paper.

Relevance to Strategic Priorities
Risk Management is an essential tool in supporting the organisation to achieve its strategic objectives and implement management arrangements to mitigate threats to those objectives.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:
- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement, and consultation
Risk reviews were conducted with Risk Owners and/or Risk Leads.
Staff Governance Committee – 15 March 2024
Performance and Resources Committee – 27 February 2024
Clinical Governance Committee – 12 March 2024
Audit and Risk Committee – 22 March 2024

Additional Information
N/A

Appendices

- Appendix 1: Strategic Risk Report at Quarter 4 2023/24
- Appendix 2: Strategic Risk Register at Quarter 4 2023/24

Appendix 1 - Strategic Risk Review Q4 2023/24

Contents

1. Summary and Key Messages
2. Strategic Risks in Focus
3. Risk Controls Progress Update
4. Risk Trend Analysis
5. Strategic Risk Deep Dives

1.Summary and Key Messages

Summary:

During Quarter 4, three strategic risks reduced in risk score and section two of this report highlights these specifically: SRR 010 (Estates & Supporting Infrastructure), SRR 009 (Healthcare Strategy) & SRR 016 (Out of Hours). The remainder of the strategic risks remain static and detail on the strategic risks and controls are contained in the Strategic Risk Register – appendix 2.

One Focused Review has been conducted within this reporting period and the output of this is included in Section Five of this report:

- Urgent & Unscheduled Care

Emerging Risks/Hotspots:

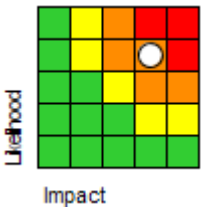
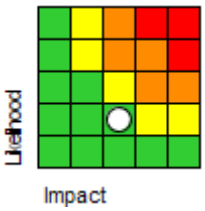
Prevention and Health Inequalities - A new strategic risk is in draft around this key area and may encompass the Healthcare strategy as a control measure.

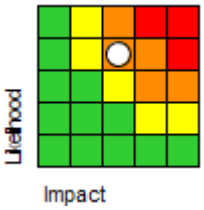
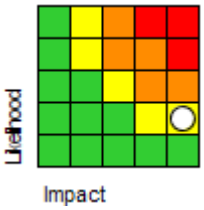
2.Strategic Risks in Focus

Strategic Risk Dashboard

Ref	Risk Title	Current Risk Score	Assessment History Risk Score	Risk Trend	Target Risk Score	Governance Group	Lead Impact Category
SRR 002	Urgent & Unscheduled Care	25	25; 25; 25		9	Clinical Governance Committee	Patient Harm
SRR 005	Financial Sustainability	25	25; 25; 25		9	Performance and Resources Committee	Financial
SRR 009	Workforce Plans	20	20; 20; 20		10	Staff Governance Committee	Financial
SRR 015	Cyber Resilience	20	20; 20; 20		16	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 018	Primary Care Sustainability	20	20; 20; 20		6	Staff Governance Committee	Service Delivery/Business Interruption
SRR 010	Estates & Supporting Infrastructure	16	16; 20; 20		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 017	Environmental Sustainability & Climate Change	16	16; 16; 16		16	Performance and Resources Committee	Environmental Sustainability/Climate Change
SRR 004	Scheduled Care	15	15; 15; 15		10	Clinical Governance Committee	Patient Experience
SRR 003	Information Governance	12	12; 12; 12		8	Performance and Resources Committee	Inspection/Audit
SRR 011	Digital & eHealth - Infrastructure & Strategy	12	12; 12; 12		6	Performance and Resources Committee	Service Delivery/Business Interruption
SRR 019	Culture & Leadership	12	12; 12; 12		8	Staff Governance Committee	Public Confidence
SRR 016	Out of Hours Service (OOHS)	12	12; 12; 16		6	Clinical Governance Committee	Service Delivery/Business Interruption
SRR 014	Healthcare Strategy	9	9; 15; 15		6	Performance and Resources Committee	Service Delivery/Business Interruption

Risks Reduced in Quarter 4 23/24

SRR 010 Estates & Supporting Infrastructure		Owners		Responsible Assurance Committee
 **Current Score**	 **Target Score**	Morag Farquhar	Morag Farquhar	Performance and Resources Committee
Latest Update				
The risk was reviewed on 19 Feb 2024, between Morag Farquhar and Alastair Jack. The current risk score was reassessed, and impact categories were updated. The Lead impact Cat remained as Service/business interruption (4) however the likelihood was reduced from a (5) to a (4) due to the current strategic focus on this development of a WSP which reduces the risk score to from (20) to a (16). The risk still remains out with Appetite and Tolerance. 3 x Actions around Locality Project 2, 3, 4 were closed as they are superseded by the WSP and they will be included in this moving forward. SG have confirmed that they will not provide the development funds for external fees for Locality Project 1. This Action is currently under review and will be subject to further strategic discussions. The Directors letter from SG was received on 12 Feb 2024, confirming that the target date for submission of the WSP is now 31 Jan 2026. By the end of Jan 2025, we are to provide a business continuity option regarding maintaining the existing estate. A new Action was added to capture this.				
Further Controls Required				
ABSOLUTELY CRITICAL - Primary Care Premises Programme: Outline Business Case for Locality Project 1 (Stirling and outlying areas). This will be a phased process with Full BC to follow. **ABSOLUTELY CRITICAL** - Development of whole system action plan which is in effect a Programme Initial Agreement and will set out proposals on a system-wide basis for asset investment to facilitate the achievement of strategic plans (will include FCH and the remainder of Primary Care). Utilisation of the Asset Information Management System which better capture information on our property assets and any capital development. By 31 Jan 2025, we are to provide a business continuity option regarding maintaining the existing estate.				

SRR 016 Out of Hours Service (OOHS)		Owners		Responsible Assurance Committee
 **Current Score**	 **Target Score**	Patricia Cassidy; Garry Fraser	Andrew McCall	Clinical Governance Committee

Latest Update

The risk was reviewed on 20 Dec 2023, between Andrew McCall, Ric Attalla and Alastair Jack. This was Andrews first review of the risk and as such was a handover and information session as well as a review of the current status. Several Actions were updated and some work will be ongoing around obtaining data to updating others. Several actions had their due dates increased in line with the new realistic timeline of what is achievable and realistic. All notes were completed to document this. In the review the Lead Impact Category was reduced from a 4 to 3 however the likelihood remained a 4. It should be noted that the likelihood may reduce at the next review or in the early part of 2024, which may bring this risk back into Appetite.

Further Controls Required

Working with SAS to establish joint appointments, e.g. Advanced Paramedic Practitioners - paused due to workforce gaps at SAS. Working with Scottish Ambulance Service to explore synergies and co-working opportunities and to implement a routine regular feature of support at weekends which would diminish the overhaul of late or missed home visits as ambulance resources are available.

Further development of enhanced MDT workforce planning to support recruitment and retention, including development of hybrid roles across nursing, Scottish Ambulance Service and medicine.

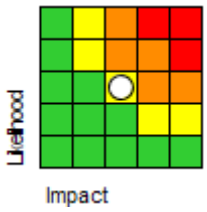
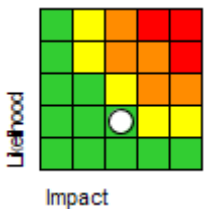
Undertake a Training Needs Analysis within OOHs to inform a training and education work plan.

Expansion of OOH Clinical Leadership Team - Communications and HR teams continue to promote OOH as part of wider recruitment, and discussions are ongoing to create additional resilience in terms of a clinical lead.

Cultural change programme (being progressed with the support of Prof West) - will include further patient and staff experience surveys and will be used to inform the OOH Improvement Plan.

Exploration of economies of scale and greater integration with HSCP social care services to build service sustainability and resilience.

Introduction of rotational GP roles into the OOH service.

SRR 014 Healthcare Strategy		Owners		Responsible Assurance Committee
 **Current Score**	 **Target Score**	Amanda Croft	Janette Fraser	Performance and Resources Committee

Latest Update
The risk was reviewed on 19 Feb 2024, between Janette Fraser and Alastair Jack. The risk was reassessed, and the lead impact category was amended in line with the scoring and the Boards Appetite and Tolerance. The new Lead Impact Cat is Service Interruption. The risk score was reduced from (15) to (9) and is within Tolerance for Service Interruption. Two controls relating to COVID-19 were closed and five new controls were added reflecting the progress. One Action around engagement was progressed by 30%. The Head of Planning will discuss a new proposed amendment for the risk description with the Chief Executive.
Further Controls Required
National Treatment Centre development providing additional capacity alongside local initiatives. Review requirements and use of Strategic Deployment Matrices aligned to Healthcare Strategy Development of Healthcare Strategy - first phase is the engagement document (due end Nov/ Dec), second phase is engagement period (starts Jan 24) with the strategy itself to be complete for end of March 24. Internal stakeholder engagement WSLP Strategy Workshop on 07 Dec 2023 - other engagement events with other stakeholder groups will be progressed.

3.Risk Controls Progress Update

Internal Controls

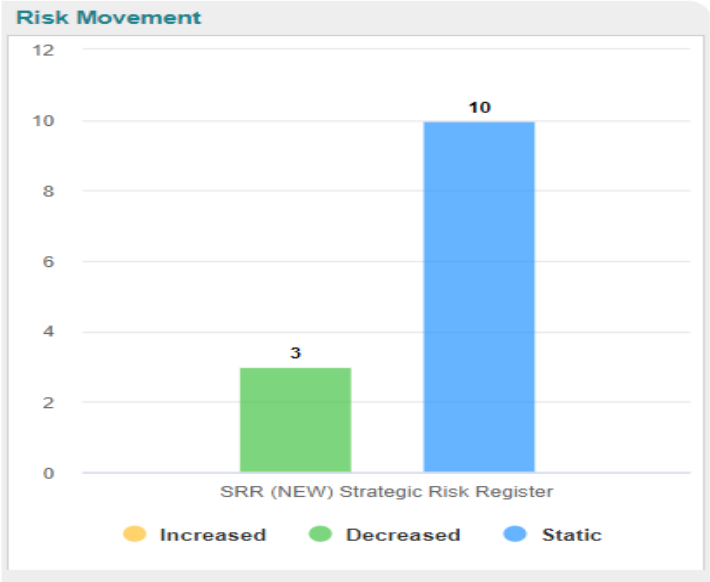
119	8	40
SRR - Internal Controls	SRR - Further Controls Completed in Last Quarter	SRR - Further Controls Completed in Last 12 Months

Further Controls

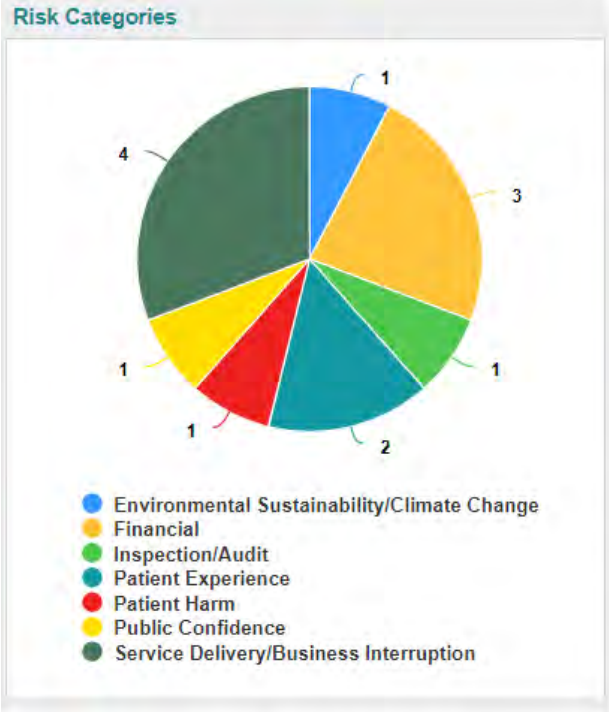
55	6	10	42
SRR - Total Further Controls	SRR - Overdue Further Controls	SG - Further Controls Due Next Quarter	SRR - Further Controls Due Within 12 Months

In Quarter 4, there were eight completed further controls to mitigate the strategic risk profile. At the end of Quarter 4 there are six overdue controls reported. These span over a number of risks, and it is expected that these will be picked up in the next reviews for the risk. There are 10 controls which are due to be completed in Quarter 1 of 24/25.

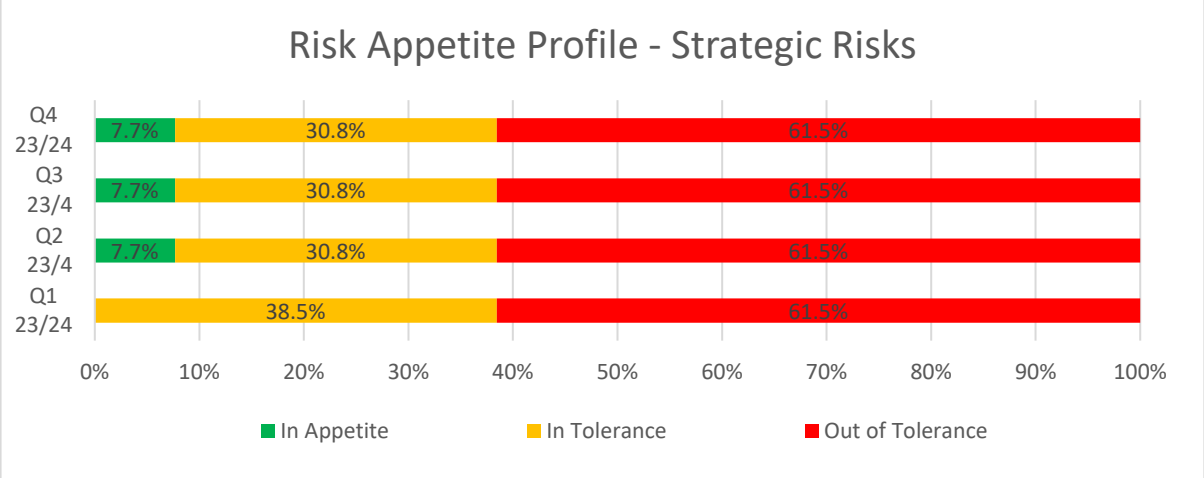
4.Risk Trend Analysis



The chart to the left shows that across the strategic risk register, three risks have reduced in risk score whilst the remaining ten risks show a static position.



When risks are assessed, a lead impact category is selected, which sets the appetite/tolerance level for the risk. The chart above shows that Service Interruption is the most common category, followed by Finance. The remaining risks are split between Patient Experience, Patient Harm, Inspection/Audit, Public Confidence and Environmental Sustainability and Climate Change.



A graph depicting the risk appetite profile of the strategic risks across the previous financial year:

- Quarter 1 shows that 38.5% of the strategic risks were within tolerance and 61.5% of risks were out with appetite & tolerance. No risks were highlighted as in appetite.
- Quarter 2 shows that 7.7% of strategic risks were within appetite. 38.5% were within tolerance and 53.8% were out with appetite and tolerance.
- Quarter 3 remains static.
- Quarter 4 is showing signs of improvement as the number of risks out with appetite has decreased to 53.8% and therefore the number of risks in tolerance has increased to 38.5%. The number of risks in appetite remains static at 7.7%.

Note that the colours in the chart represent status (In appetite, In Tolerance, Out of Tolerance) rather than score.

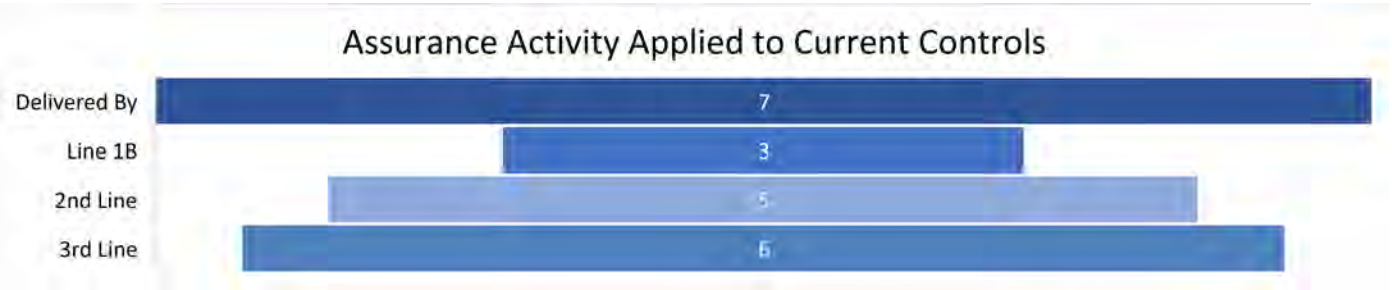
5.Strategic Risk Assurance Deep Dives

During Quarter 4, one Focused Review was conducted on:

- **SRR002 Urgent & Unscheduled Care.** This was presented to the March 2024 Clinical Governance Committee, with an approved assurance level of **Limited Assurance.** Details of this focused review are below.

SRR002: Urgent & Unscheduled Care

Commentary
This Focused Review on Urgent & Unscheduled Care was a test of change for the focus review process. The main areas that were enhanced as part of this process were the linkage between what we record for the risk, e.g., current controls, and performance measures. The reasoning behind this test of change, was to provide greater assurance to the Committee that the risk was progressing as it should be as, our assessment was more evidence based. There was a review of the current controls identified to mitigate the strategic risk and these have now changed to reflect the workstreams that the Urgent & Unscheduled Care Programme are progressing. The criticality of these current controls was split between Important and Very Important. The below graph highlights the amount of assurance activity applied to the current control environment mitigating the strategic risk. As depicted, there are a lot of 2nd & 3rd Line bodies that are monitoring the progress of these eight controls. The final assurance assessment was assessed as limited. Whilst we have identified workstreams that we are committed to, which in time are expected to reduce the risk exposure, it is felt that until we see improvements in the effectiveness of these controls and thus, an improvement in performance, we cannot say that we are reasonably assured. However, it is important to note that we are confident that the actions being taken to mitigate this risk are the correct ones and that we expect to see improvement in the next few months.



Level of Assurance	System Adequacy	Controls
Limited Assurance	Satisfactory framework of key controls but with significant weaknesses evident which are likely to undermine the achievement of objectives	Controls are applied but with some significant lapses.

Strategic Risk Register

Generated on: 07 March 2024

NHS Forth Valley

Ref	ID Date	Risk Title	Risk Description	Category Description	Untreated Score	Current Controls In Place	Current Likelihood	Current Impact	Current Score	Risk Trend	Further Controls Required	Linked Actions Author	Original Due Date	Target Date	Progress	Target Score	Last Review Date	Review Notes	Risk Owner	Risk Lead
SRR 002		Urgent & Unscheduled Care **Still to be updated with the Focused Review Output at this time**	If NHS FV does not take steps to create capacity, and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.	Patient Harm	25	Urgent and Unscheduled Care Steering Group established, reporting to UUCPB and in line with national (CSG) Urgent and Unscheduled Care programme Workstreams have been identified in line with Scottish Government priorities and local plans developed to address these priorities, ensuring a whole-system approach. Senior Leadership has been appointed to support implementation of these priorities within NHS FV. Assurance meeting led by CEX with Acute triumvirate and the 2x Chief Officers from the HSCPs. 	5	5	25		Urgent and Unscheduled Care Programme (UUCP) - Hospital at Home (Virtual Capacity). Urgent and Unscheduled Care Programme (UUCP) - Optimising Flow (Discharge Without Delay). Implementation of A11 Project - two wards for patients suitable to be seen by nursing/AHP staff, with a Senior Charge Nurse in charge. Develop Adults With Incapacity (AWI) Process. Establishment of Frailty Unit at front door. Deliver improvement in RACU service. Conduct well-led assessment and generate action plan for UUSC.	Deborah Lynch Deborah Lynch Fiona Murray Deborah Lynch Deborah Lynch Deborah Lynch Deborah Lynch	31-Jul-24 31-Jul-24 31-Jan-23 31-Jan-24 31-Jan-24 29-Feb-24 29-Feb-24	31-Jul-24 31-Jul-24 31-Mar-24 31-Jan-24 31-Jan-24 29-Feb-24 29-Feb-24	80% 20% 80% 0% 50% 0% 0%	10	13-Dec-23	There are no changes to the position of this risk within the last quarter. A number of updates have been made against the control environment. As this is part of our Stage 4 Escalation, there are robust reporting measures in place to monitor progress and to provide assurance to internal and external parties. A Focused Review is scheduled for SRR002 in the new year and some of the actions against this risk will feature within this review. A number of improvement activities have been held over the last few months, including the Acute Firebreak exercise to encourage flow throughout the site and the extension of our Triage model in ED with an aim to improve Flow 1.	Andrew Murray	Garry Fraser
SRR 005		Financial Sustainability	If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.	Financial	25	Minimise Medicines Spending: - Savings Plan for Primary Care Medicines - Savings Plan for Acute Medicines Minimise Premium Spending (Bank/Agency): - Align Financial Plans with Workforce Plans. - Off-framework contract usage for supplementary staff has ceased - Reduce: • Absences • Vacancies Reduce usage of Contingency Beds Structured Savings Plans Communications programme around "spending well" - staff suggestions on cost improvement schemes submitted via the intranet. Cost Awareness Programme - Finance team engaging with clinical teams, running clinically led sessions to raise financial awareness, working with individual teams around how much things cost in their area to increase understanding of their cost base, and that they understand the level of financial pressure that we are going in to. Financial Recovery Plan - this is mainly focused on the Acute directorate budget which is continually overspent - Plan sets out clear targets, deliverable for actions and a week by week plan to demonstrate progress. Assurance and Improvement Plan - Financial section to be added re Cost Improvement and Cost Control in addition to Culture, Governance and Leadership. Systems in is place for recharging overseas residents (recharge portion to individual or their insurance company)	5	5	25		Commission internal audit review of financial sustainability. This will be undertaken in 2 phases with a focus on core financial and budgetary controls and how these controls link to cost improvement plans being developed and implemented. Planned start date of 1 September 2022. Establishment of a Financial Savings Oversight Group chaired by the CEX.		28-Feb-23 30-Apr-24	29-Feb-24 30-Apr-24	90% 0%	9	16-Feb-24	Risk has been reviewed with Jillian Thomson. We are currently in the process of the 24/25 financial planning cycle, initial indications suggest that we are currently projecting a £57.3million budget deficit. We are currently developing savings plans. New financial sustainability oversight group to be established and chaired by the CEX. Working is ongoing with CPMO around planning and monitoring early delivery. Regular finance updates with ELT to enhance awareness and agree sustainability actions. Conversations are being held regarding the target position for this risk. Comments will be fed back to the P&R Committee in due course.	Scott Urquhart	Jillian Thomson
SRR 009		Workforce Plans	If NHS Forth Valley does not implement effective, fully costed strategic workforce planning based on projected demand there is a risk that we will not have a sustainable workforce that is the right size, with the right skills and competencies, within an affordable budget, resulting in significant pressures on staff health and wellbeing, sub-optimal service delivery to the public and increasing pressure on our financial sustainability.	Financial	25	Submission of costed overarching workforce plan in line with annual plan to Scottish Government Detailed demographic profiling completed due to age range of medical workforce in particular to inform recruitment plans Wellbeing Controls in place - Our People Strategy, Strategic Workforce Wellbeing Plan, Wellbeing Website and Management toolkit, Culture and Compassionate Staff Programme, Joy at Work. Sustainable Workforce Initiatives in place - suite of flexible working policies in place to ensure we can recruit and retain staff - Refine and Return e-Rostering Solution implemented to make it easier to deploy staff more effectively across the organisation, ensuring the most efficient use of staff available, ensure safe staffing levels and improving work-life balance for staff Sustainable Workforce - Ethical International Recruitment Sustainable Workforce Initiatives in Place - Health Care Support Workers. All Band 2 nursing HCSW job descriptions have been reviewed and aligned to the relevant National Nursing Clinical Workforce profiles. Directorate "risk-based" workforce action plans with measurable objectives, monitored through the Staff Governance Committee. Attendance Management Action Plan - 10 actions grouped into themes - Measurement, Training, Learning from Others, Supports for Staff and Managers, Case Reviews of attendance management cases, Return to Work, Case Reviews/Audit (long term sickness) and Links with Absence and ER Cases (Employee Relations).	4	5	20		Increasing employability through Anchor Institution Work - includes the Youth Academy and University College Health Partnership workstreams. Exploration of Regional Workforce Solutions, such as the Medical Associate Professional Roles. Action Plan which will include definitive and quantifiable actions to address identified staffing gaps, with development of key performance indicators, predicated on the Five Pillars of the strategy – to be updated on a yearly basis during lifetime of the Workforce Plan. The action plan will be developed in conjunction with HSCPs and based on integrated working. Further work to review career progression routes for nursing and midwifery staff, building on the HCSW review. Workforce changes reflecting service redesign as part of financial sustainability programme	Margaret Kerr Kevin Reith Linda Robertson Frances Dodd; Kevin Reith Scott Urquhart	31-Mar-25 31-Mar-25 31-Mar-24 30-Sep-24 31-Mar-25	31-Mar-25 31-Mar-25 30-Jun-24 30-Sep-24 31-Mar-25	30% 20% 30% 20% 0%	10	07-Mar-24	This risk has been reviewed by Kevin Reith and there no changes to the current score at this review. Progress has been made on the further controls and these are reflected in the report. One new action has been added around the inclusion of workforce into the financial sustainability plan for the year ahead. We will continue to monitor the further controls to ensure that progress is continually being made towards the due date.	Kevin Reith	Elaine Bell; Linda Robertson
SRR 015		Cyber Resilience	If NHS Forth Valley do not maintain the effectiveness of current cyber security controls and implement improvements to security controls where possible. There is a risk that the cyber security of the organisation may be compromised Resulting in a significant disruption to the services delivered by the organisation and an impact to the confidentiality, integrity, and availability of systems and data.	Service Delivery/Business Interruption	25	Digital and eHealth Strategy - includes cyber resilience sub-strategy aimed at lowering impact of incidents. Cyber Resilience Framework - includes 427 controls designed to support faster recover, lower disruption and reduce data loss. Change Management within the organisation is supported through rigorous process and scrutiny by the Technical Steering Group and Change Advisory Board. NIS Audit Recommendations are specific recommendations from the auditor to help the Health Board priorities based on risk exposure. 	4	5	20		**IMPORTANT, PREVENTATIVE** - Cyber Security Awareness and Training - Continuous improvements and monitoring of our awareness material and training for all staff. This includes a high level of compliance with the mandatory nature of Cyber Awareness training. **ABSOLUTELY CRITICAL, PREVENTATIVE CONTROL** - Our reliance on suppliers is better understood, with a degree of assurance obtained from the critical suppliers processes, policies and people. **ABSOLUTELY CRITICAL, CONTINGENCY CONTROL** – Business Continuity Plans – reviewed, and testing - BCPs should be widely known, understood, and regularly tested for effectiveness. **VERY IMPORTANT, PREVENTATIVE** - Gatekeeping process for third party access – Third parties (Charities, suppliers etc) have an agreed, securely managed route into our infrastructure which the Health Board controls. Review of cyber roles to support recruitment and retention (a number of roles have recently been made vacant and there is potential for single points of failure).	Douglas Grant; Sarah Hughes-Jones; Scott Jaffray Douglas Grant; Sarah Hughes-Jones; Scott Jaffray Douglas Grant; Sarah Hughes-Jones; Scott Jaffray Scott Jaffray Douglas Grant; Sarah Hughes-Jones; Scott Jaffray	31-Dec-21 31-Mar-23 31-Mar-24 31-Mar-24 31-Mar-24	31-Mar-24 30-Nov-24 31-Mar-24 30-Oct-24 12-Aug-24	50% 40% 40% 20% 50%	16	20-Feb-24	The risk was reviewed on 13 Feb 24, between Douglas Grant and Alastair Jack and on 20 Feb 2024, between Scott Jaffray and Alastair Jack. It is currently assessed that the risk is static. The risk description was updated in line with Direction from the P&R Committee on 17 Dec 2023. Action 15.06 was progressed to 60% due to progressing with the alignment with the Scottish Cyber Plan. The exercise has been completed this will give direction on the next steps to improve the organisations security awareness culture. This is likely to be developed as a new Action. Action 15.10 - Review of Cyber roles – title was updated to read more clearly. Recruitment has been successful and only one outstanding post remains however there is ongoing challenges around addressing retention strategy's due to the current resources available in comparison to the commercial sector. The due date was increased to 12 Aug 2024 in order to progress this further in the new financial year to allow time to embed. The risk score has been updated to reflect the position agreed at P&R on 7 Dec 2023 and in-line with the Risk Strategy, however as agreed a reasonable Target for reduction should be (16) due to the challenges around Cyber Resilience. At the next review we will aim to reassess the risk score and assess any changes that could result in a change to a more realistic target.	Andrew Murray; Jonathan Procter	Douglas Grant; Sarah Hughes-Jones; Scott Jaffray
SRR 018		Primary Care Sustainability	As a result of significant levels of financial pressure on the public services in Scotland, increasing demand and workforce challenges. There is likely to be a negative impact in relation to the delivery of Primary Care Services. Which is likely to result in a reduction in services and independent contractors across FV and have a negative impact on the health of the population and increased pressure on other services.	Service Delivery/Business Interruption	25	Sustainability Improvement loans process in place Primary Care Improvement Plan being delivered (circa 180 posts recruited) - proactively supporting recruitment etc. (PCIP Improvement Plan iteration 3 substantially delivered in March 2022 - 180 of 200 posts). Expansion of community pharmacy services. Further development of pharmacy first service. GP IT Programme Board established to look at wider IT issues affecting Primary Care including remote working and telephony solutions. Roll-out of remote server solution - around 50 laptops have been distributed. Capital Investment Programme in PC premises initial agreement completion Dec-21. Initial Agreement has now been approved, and 4 x Business Cases being worked up, to proceed over the next year for significant premises replacement. As at 06 April, current agreement is for Stirling business case to continue. It is likely there may be a pause on other business cases pending confirmation of further SG funding. Primary Care Premises Group established - deals with sustainability loans, and the 4 business cases e.g. Falkirk Community Hospital and Primary Care Programme Board. Primary Care Programme Board Re-established November 2021. Premises Improvement funding in place (capital budget available each year, revenue budget carried over from last year) Premises improvement completed last year, and there's a new programme of work in play for this year. Investment in quality clusters and leads to ensure GPs and multidisciplinary teams (MDT) are informed and involved in primary/community care developments, quality improvement resources to support PCIP and patient safety implementation Strong and regular engagement with SG and BMA (British Medical Association) in place regarding national MOU funding allocations / requirements GP Sub-committee (GPs working collaboratively) put together an away day, and developed a paper outlining actions to improve recruitment and retention in GP. This includes a plan supporting trainee doctors. As at 06 April, currently funding GP sessions to help implement the outputs from the paper. Board appointed GPs where there are issues such as rural practices. Ongoing recruitment to build GP and MDT capacity and capability - promoted NHS FV as an employer of choice for Primary Care roles – e.g. ongoing investment in investors in people, promote i-matter, work to achieve gold healthy working hwa rating, support CPD.	4	5	20		Scottish Government Mental Health and Wellbeing programme (£2million recurring by 2026). Development of new/innovative portfolio roles and career pathways, and a focus on ways of supporting practice workload. Further investment in PCIP and roles proved of most value – e.g. mental health nurses, advance physiotherapists and ANPs. Monitoring GP sustainability and workload data to inform the development of future controls and actions Development of Governance routes and escalation procedures following the delegation of PC to FHSCP	Judith Proctor Judith Proctor Judith Proctor; Scott Williams Judith Proctor; Scott Williams	31-Mar-24 31-Dec-23 01-Apr-24 01-Mar-24	31-Mar-24 31-Dec-23 01-Apr-24 01-Mar-24	10% 64% 66% 50%	6	28-Feb-24	The risk description was updated on 23 Feb 2024, during a Focused Review between Judith Procter, Scott Williams, Louise McCallum and Alastair Jack.	Patricia Cassidy	Judith Proctor; Scott Williams
SRR 010	22-Jan-19	Estates & Supporting Infrastructure	If a whole system, multidisciplinary approach is not applied, there is a risk that we will not make best use of available capital and revenue funding, via prioritisation and allocation, to fully proceed with existing Estates and Infrastructure plans, make new development plans, or maintain and enhance the existing estate. This will result in an inability to maintain and develop a suitable environment for modern and sustainable services.	Service Delivery/Business Interruption	25	NHS Board capital plan outlining prioritisation and funding for infrastructure developments Operational condition of estate regularly assessed and monitored through the Strategic Asset Management System. Rolling estate survey programme carried out within 5 year cycle Regular reviews with PPP partners for FVRH, BHCV, CCHC and planned preventative maintenance programmes in force including 'Blackstarr'. Compliance group established which reports to Infrastructure Programme Board, Health & Safety Committee, Area Prevention & Control of Infection Revenue and Capital budget planning process in place for Estates Horizon scanning – keeping on top of latest developments in Estates Management, changes in guidance, awareness of national position re capital funding (through membership of national groups) SCART - Statutory Compliance Audit and Risk Tool Whole System Plan setting out proposals on a system-wide basis for asset investment to facilitate the achievement of strategic plans. Estates and Capital Planning Service Delivery	4	4	16		**ABSOLUTELY CRITICAL** - Primary Care Premises Programme: Outline Business Case for Locality Project 1 (Stirling and outlying areas). This will be a phased process with Full BC to follow. **ABSOLUTELY CRITICAL** - Development of whole system action plan which is in effect a Programme Initial Agreement and will set out proposals on a system-wide basis for asset investment to facilitate the achievement of strategic plans (will include FCH and the remainder of Primary Care). Utilisation of the Asset Information Management System which better capture information on our property assets and any capital development. By 31 Jan 2025, we are to provide a business continuity option regarding maintaining the existing estate. Jan 2025.	Morag Farquhar Morag Farquhar Morag Farquhar Morag Farquhar	30-Jun-23 01-Jul-25 31-Dec-24 31-Jan-25	31-Mar-24 01-Jul-25 31-Dec-24 31-Jan-25	25% 0% 5% 0%	6	19-Feb-24	The risk was reviewed on 19 Feb 2024, between Morag Farquhar and Alastair Jack. The current risk score was reassessed and impact category's were updated. The Lead impact Cat remained as Service/business interruption (4) however the likelihood was reduced from a (5) to a (4) due to the current strategic focus on this development of a WSP which reduces the risk score to from (20) to a (16). The risk still remains at (16) however progress is being made around Locality Project 2, 3, 4 were closed as they are superseded by the WSP and they will be included in this moving forward. SG have confirmed that they will not provide the development funds for external fees for Locality Project 1. This Action is currently under review and will be subject to further strategic discussions. The Directors letter from SG was received on 12 Feb 2024, confirming that the target date for submission of the WSP is now 31 Jan 2026. By the end of Jan 2025, we are to provide a business continuity option regarding maintaining the existing estate. A new Action was added to capture this.	Morag Farquhar	Morag Farquhar

SRR 017		Environmental Sustainability & Climate Change	If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and delivery actions/meet requirements of the Climate Change Emergency & Sustainability Strategy , and will not operate in an environmentally sustainable way, resulting in failure to meet objectives and damaging stakeholder/public confidence.	Environmental Sustainability / Climate Change	25	Climate Emergency and Sustainability Board - Maintains oversight and reports into F&R, and to Scottish Government Climate Emergency Board.	4	4	16	Explore Opportunities to Share Resources - Governance arrangements have been put in place, with first sitting of the Climate Emergency Response Committee in May 24. The Clinical Response team have had two meetings. At NHS Scotland level, discussions are underway in relation to regional working opportunities.	Derek Jarvie	31-Jan-23	31-Mar-25	50%	16	14-Feb-24	The risk was reviewed on 14 Feb 2024, between Derek Jarvie and Alastair Jack. It is currently assessed that the risk remains static however the Capital Funding allocation is reduced and the availability of SG funding which is likely to result in a request to reinstate a Capital Funding allocation. This was previously discontinued due to the availability of SG funding. The recruitment to two open post has been delayed due to ongoing issues with banding and also the likely challenges around available finances. The risk was reassessed and the risk score did not change however it is expected this may change in the next 3 x months and will be reflective of the upcoming Capital Plans. 1 x Action category around Transformation was added. Several Actions due dates were increase and the actions were updated in line with current progress. This will be discussed at P&R on 27 Feb 2024, to communicate the situation. At the next review we will discuss the possibility of merging and closing some Actions that have elements of duplication.	Morag Farquhar	Morag Farquhar; Derek Jarvie
										Establishment of Working Groups including Energy/Facilities Management, Waste, Transport - Fleet, Transport - Active Travel, Sustainable Care, Greenspace & Biodiversity, Sustainable Procurement/Circular Economy, Sustainable Communities and Communications. These are staffed by existing resource which has the consequence of pulling them away from other activities (as not sustainable long term). Support provided by the CPMO.	Morag Farquhar	31-Mar-23	31-Mar-24	60%					
										Climate Emergency Response and Sustainability Team - supporting the Operational/delivery aspect - Head of Climate Change and Sustainability (in post), Energy and Sustainability Manager is now in post, Climate Emergency and Sustainability Manager post (to manage the Environmental Management system - funded but not yet advertised), Information and Data Assistant post (funded but not yet advertised), Waste and Compliance Officer post (funded but not yet advertised). Note: The current financial pressures will potentially impact the recruitment of the 2 x open posts.	Morag Farquhar	30-Dec-22	31-Mar-24	80%					
										Recruitment of a Head of Climate Emergency and Sustainability - As of the 13/10/2022 - Derek Jarvie has fulfilled the position as the Head of Climate Emergency and Sustainability. Note: Single Point of failure		29-Mar-24	29-Mar-24	5%					
										All Board and Committee meeting papers contain a section requiring the author to highlight any sustainability implications and to complete the sustainability declaration confirming that due regard has been given to compliance with DL38. Note: This needs to be built on as this was going to be taken forward buy previous Chief Exec.		31-Mar-23	31-Mar-24	50%					
										Climate Emergency & Sustainability Strategy and Action Plan, detailing the activities to be undertaken by each of the operational workstreams.		01-Dec-22	28-Jun-24	80%					
												31-May-22	31-Dec-22	80%					
SRR 004	########	Scheduled Care	If NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm and failure to meet targets.	Patient Experience	20	Scheduled Care Performance Management process in place - identification of performance issues allowing interventions to be applied.	3	5	15	Assessment of the effectiveness of the non-consultant model of care - outpatient area, and Advanced Practitioner clinics, surgical care practitioners delivering urology surgery.		31-Mar-24	31-Mar-24	75%	10	01-Mar-24	This risk has been reviewed with Marie Gardiner and the risk remains static at this point. Progress has been made on the further controls identified, with one being completed around the review and development of our local Whistleblowing. The Scheduled Care vehicle is in the process of being submitted to Scottish Government for approval. A new action has been added regarding the completion of a programme of work to identify efficiencies within theatres and it is hopeful that this work will allow us to maximise our theatre lists. It was highlighted that the current risk position may deteriorate as the financial budget of the Health Board for 2024/25 and the level of savings required by services to meet our budget goals for the year 24/25 may mean reprioritisation of our current service provision. This will be a consideration in any future reviews of this risk.	Gerry Fraser	Marie Gardiner
						All urgent and suspected cancer pathways are maintained via tracking and reporting carried out by Cancer Service Manager				A 24 month plan has been developed to improve efficiency and address the impact of the NTC as well as the flow with the resources available, and will be going further to change the service model to be fully effective.	Marie Gardiner	31-Mar-24	30-Apr-25	50%					
						Annual Delivery Plan to maximise scheduled care services.				Complete the theatre efficiencies programme of work to try and increase capacity within our theatres.	Marie Gardiner	31-Mar-25	31-Mar-25	0%					
						Approval given by NHS Board to invest NRAC monies (recurring) into a substantive solution.															
						NHS Forth Valley, in line with the rest of NHS Scotland, continues to prioritise and treat those patients - two levels - urgent and routine.															
						Seek assurances and evidence each month that services are closing their capacity gaps.															
						Escalate to Director of Acute Services.															
						Job plans are reviewed and agreed every year.															
SRR 003	22-Jan-19	Information Governance	If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements, there is a risk we would experience systemic compliance issues and inability to use our information assets effectively, resulting in reputational damage and potential legal breaches leading to financial penalties.	Inspection/Audit	20	Robust and regularly reviewed, procedures underpinned by appropriate funding available to all staff involved in the activity.	3	4	12	Roll out of DPIA process to support implementation of OneTrust - DPIA management.	Sarah Hughes-Jones	31-Mar-22	31-Mar-24	50%	8	07-Dec-23	There are no changes to the position of this risk within this quarter. However, this risk has been the subject of a focused review which has allowed the team to develop the risk to highlight what the current issues are and update our control environment to suit. This focused review also highlighted that there was a need to develop further action plans to mitigate the risk back into appetite and this is currently being developed within the Information Governance Unit. An update on these plans will be brought to Performance & Resources committee in February alongside the Information Governance Annual Report.	Andrew Murray	Sarah Hughes-Jones
						Adherence to IG assurance processes & documentation (Information Assets, DPIA, ISA, Contracts, Risk Assessments, Privacy notices).															
						Use of approved devices, systems, and channels.															
						Routine review and disposal processes. Ensuring regular deletion of redundant, obsolete, trivial material.															
						Annual information governance training & awareness.															
						Technical & Physical Security controls to manage access & audit.															
						Secure & backed up storage arrangements which avoid use of moveable media.															
						Effective and consistent use of filing systems, structured on Business Classification Scheme.															
						Identifying records for permanent preservation.															
						Identifying critical records within local business continuity plans															
						Information Governance Security Incident Management process															
						Routine processes to check & update information over time.															
SRR 011	21-Jan-19	Digital & eHealth - Infrastructure & Strategy	If NHS FV does not develop and effectively implement a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot be fully realised, the Intended benefits, or the IT infrastructure could fail , impacting on long term sustainability and efficient and effective service delivery.	Service Delivery/Business Interruption	16	Annual Digital and eHealth delivery plan - 23/24 plan approved at March Digital and eHealth Programme Board.	3	4	12	Implementation of ICT owned actions from NIS audit	~~Jim Bird~~; Douglas Grant; Sarah Hughes-Jones	31-Jul-21	01-Apr-24	80%	6	20-Feb-24	This risk was reviewed on 13 Feb 24, between Douglas Grant and Alastair Jack and on 20 Feb 2024, between Scott Jaffray and Alastair Jack. It is currently assessed that the risk is static. One Action around the Digital Health and Care Strategy was completed and the Action around the NIS Audit recommendations was progressed to 80% and is likely to be completed and renewed on 1 April 2024. One Action was updated around permanent IT and Cyber roles.	Scott Jaffray	Rachel Marshall
						Lifecycle System matrix reviewed annually by the Digital and eHealth Programme Board to shape future investment plans				Asset Review - The D of F & I has requested full implementation of the PCI Server & System asset management system to support the rolling programme replacement programme IT team are looking at Asset Management within the new Service Now service desk tool. This was expected to be completed by the end of March 23.	Douglas Grant; Tracey Jackson ; Scott Jaffray	31-Dec-22	31-Dec-23	30%					
						Cyber security objectives and initiatives included in the annual programme of work				Delivery of the Annual Digital and eHealth Delivery Plan - 34 projects within the plan, as well as this is known as usual section which supports the Infrastructure.	Scott Jaffray	31-Mar-24	31-Mar-24	50%					
						Windows/Office Programme team in place.															
						Patching activity is ongoing on hardware and software, approximately 80% is planned, 20% unplanned. Planned patching takes place monthly.															
						Programme of work to upgrade ICT infrastructure at FVRH as part of 20/21 delivery commenced and on track for completion this FY															
						Infrastructure PB supported CISCO software and security system rolled out 2021															
						There was a paper approved at ELT in Dec 2022, for permanent IT and Cyber roles.															
						Cyber Security Group Re-established and focusing on rolling out control environments and testing.															
						Disaster Recovery and Business Continuity Plans are in place to improve the overall infrastructure and contingency plans. Linkages made with Business Continuity and Risk Management teams to support resilience work.															
SRR 019	########	Culture & Leadership	If NHS Forth Valley does not foster a cohesive culture with strong leadership, there is a risk that our people will not have a shared sense of purpose and understanding of how their work contributes to achievement of our objectives, negatively impacting our overall performance, ability to deliver on key strategies and effect sustainable change, and impacting staff morale and public/stakeholder confidence.	Public Confidence	20	Culture Change and Compassionate Leadership Programme - Phase 1 (scoping) and Phase 2 Diagnostics and Discovery are complete.	3	4	12	Phase 4 - Design/Delivery - to have plan in place.	Kevin Reith	31-Dec-23	30-Apr-24	75%	8	07-Mar-24	This risk has been reviewed and updated by Kevin Reith and there are no changes to the current position at this review. Progress continues on the further controls which has been reflected in the report. One action has been completed within the last review around the development of our local Whistleblowing processes and procedures. We will continue to progress and monitor these controls within our reviews.	Linda Donaldson; Kevin Reith	Margaret Kerr
						Culture Change and Compassionate Leadership Programme - Awareness raising by the ELT - delivering presentations at meetings and carrying out walk rounds across the organisation.				Delivery of Systems Leadership Development Programme - commencing with an initial ELT session followed by cascade of system leadership culture across the wider leadership group.	Kevin Reith	31-Mar-24	30-Jun-24	20%					
						ELT co-produced Organisational Development Programme - scoping and agreement.				Delivery of Board Development Programme to consider the Board's vision, values and corporate objectives.	John Ratcliffe	31-Mar-24	31-Mar-24	10%					
						Whistleblowing procedures including "Speak Up" service.				Building on staff awards, work is progressing on other staff recognition opportunities.	Kevin Reith	30-Jun-24	30-Jun-24	20%					
						Resources supporting development of culture are available on the intranet				Carry out a stock take of work in response to Sturrock report, identify any gaps, mapping mainstream actions into existing work programmes.	Robert Clark; Kevin Reith	31-Mar-24	31-Mar-24	48%					
						Personal Development Reviews				Review arrangements for annual iMatter staff experience survey to ensure effective organisational engagement	Kevin Reith	31-May-25	31-May-25	50%					
						Promotion of yearly iMatter surveys across the organisation.															
						Recognising Our People (e.g., staff awards).															

SRR 014	########	Healthcare Strategy	If the planned review of the NHS Forth Valley Healthcare Strategy does not incorporate learning from the COVID-19 pandemic, transformation and service change does not align with government policy and / or Integration Authorities Strategic Commissioning Plans there is a risk the Board's vision, corporate objectives and key priorities will not meet the needs of the population, resulting in inability to reduce pressures on services, workforce and finance.	Service Delivery/ Business Interruption	20	Current Healthcare Strategy in place for 2016-2021 linked to national strategy / policy HSCP Strategic Commissioning Plans published Spring 2023. Regional partnership mutual aid arrangements in place in response to COVID in order to continue delivering strategic priorities. These arrangements will be reviewed as future plans to ensure sustainability of services. NHS Forth Valley Strategic Programme Boards in place responsible for delivery of key elements of the Healthcare Strategy (including strategic deployment matrices) – following a pause as a result of COVID-19, work is ongoing to resurrect the programme boards, linking in with planning for 22/23. Level 0 Strategic Deployment Matrix drafted. Mechanisms in place for performance reporting against key strategic priorities via Performance & Resources Committee and Board in order to provide assurance and/or escalation of issues Primary Care Improvement Plan delivering significant improvement and resilience in GP services Forward plan and timeline for Healthcare Strategy to be completed. This includes scale and scope requirements of the strategy refresh. Stocktake of existing strategy complete, and staff conference in June looked at compassionate leadership and launch of refresh of healthcare strategy. Healthcare Strategy Development day planned for 28th October 2022 cancelled due to industrial action. New date to be confirmed and taken, with a consultation document being drawn up for end of May, a consultation period to run until end of September, and the strategy due to be completed by end of November. National stakeholder engagement takes place with Scottish Government and other Board Chief Executives to inform and influence strategy at a national level Regional Planning Meetings - Chief Executives meet on a monthly basis to inform Healthcare Strategy. Compassionate Leadership and Culture Programme launched Spring 2023 NHS Forth Valley is working with HSCPs to align strategic plans with the healthcare strategy. Delivery plan process informing the strategy. Strategy Map (Plan in a page) went to WSLT in Dec 2022, and continues to be updated. WSLT event (07 Dec 2023) recommendations to explore the next steps in terms of wider engagement. Work started with the Cancer Service which will inform the Health Care strategy. The Cancer Team will have their own plan that aligns with the HC strategy and National strategy. A clinician has been appointed from within the Executive Leadership Team.	3	3	9	National Treatment Centre development providing additional capacity alongside local initiatives Review requirements and use of Strategic Deployment Matrices aligned to Healthcare Strategy Development of Healthcare Strategy - first phase is the engagement document (due end now Dec), second phase is engagement period (Jan-Mar 24), third phase (by itself to be complete for end of march 2) Internal stakeholder engagement WSLP Strategy Workshop on 07 Dec 2023 – other engagement events with other stakeholder groups will b e progressed	~~Mandred~~, Sara Mackenzie; Vicky Webb ~~Mandred~~, Sara Mackenzie; Vicky Webb Janette Fraser ~~Mandred~~, Sara Mackenzie; Vicky Webb	31-May-22 30-Sep-21 30-Nov-22 31-Jul-24	30-Jun-23 31-Dec-23 31-Mar-24 01-Apr-24	95% 80% 75% 30%	6	20-Feb-24	The risk was reviewed on 19 Feb 2024, between Janette Fraser and Alastair Jack. The risk was reassessed and the lead impact category was changed to (5) Service Interruption from Loss of Appetite and Tolerance. The new Lead Impact / Cat is Service Interruption. The risk score was reduced from (15) to (9) and is within Tolerance for Service Interruption. Two controls relating to COVID-19 were closed and five new controls were added reflecting the progress. One Action around engagement was progressed by 30%. The Head of Planning will discuss a new proposed amendment for the risk description with the Chief Executive.	~~Colin Cavan~~, Amanda Croft	Janette Fraser
SRR 016		Out of Hours Service (OOHS)	If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place by the right person.	Service Delivery/ Business Interruption	20	Senior Out of Hours Service Manager Role - Reviewing the rota on a weekly basis and highlighting key shifts where gaps are evident, implementing coverage in all areas where the availability of staff is low. OOH Clinical Lead and Deputy Clinical Lead has increased commitment to support the service and will continue to work collaboratively across Urgent and Unscheduled Care. Re-design & Sustainability Quality Improvement Plan - The OOH Redesign and associated improvement work will continue to be reported through the Urgent and Unscheduled Care governance structure, Board Assurance and Board governance arrangements. OOH Organisational Change Activity - patient and staff experience form the basis of continual improvement. Integration of the OOH service into the Urgent Care Centre (HUB) to enhance synergy with other urgent care services. Improved accessibility of OOH services to ensure optimal patient care and best use of staff resource - includes local transport solution to transfer patients requiring face to face appointments, electronic solution to support prescribing and enhancing scope of practice for HCSW to include basic remote assessment within patient's homes. Support provided by SAS – Currently SAS are supporting hosse visits at weekends (if sufficient staff are available). Monthly Finance Reporting and meetings with Finance Business Partners. Communications Plan promotes optimal use of OOH and other 24/7 urgent care services by the public, including OOH and Urgent Care Services poster, and scripts for patient announcement system within the UCC incorporate the OOH service. Completed benchmarking exercise of GP T&Cs with other Boards - Confirmation received from HR that we are in line with national pay rates. Hybrid roles are now established across urgent care and this includes OOHs. An allocation of HCSWs has been provided to the OOHs service in alignment with Urgent Care services.	2	2	4	Working with SAS to establish joint appointments, e.g. Advanced Paramedic Practitioners - paused due to workforce gaps at SAS. Working with Scottish Ambulance Service to explore synergies and co-working opportunities and to implement a routine regular feature of support at weekends which would diminish the overhaul of late or missed home visits as ambulance resources are available. Further development of enhanced MDT workforce planning to support recruitment and retention, including development of hybrid roles across nursing, Scottish Ambulance Service and medicine. Undertake a Training Needs Analysis within OOHs to inform a training and education work plan. Cultural change programme (being progressed with the support of Prof Wasd) - will include ad hoc patient and staff experience surveys and will be used to inform the OOH Improvement Plan Exploration of economies of scale and greater integration with HSCP social care services to build service sustainability and resilience. Introduction of rotational GP roles into the OOH service.	Andrew Mccall Andrew Mccall Andrew Mccall Andrew Mccall Andrew Mccall Andrew Mccall	31-Oct-22 31-Oct-22 31-Dec-23 31-Mar-23 31-Mar-23 30-Sep-24	30-Mar-24 31-Mar-24 30-Sep-24 31-Mar-24 31-Oct-24 30-Sep-24	80% 90% 50% 85% 91% 40%	6	20-Feb-24	The risk was reviewed on 20 Feb 2024, between Andrew McCall and Alastair Jack. The risk was rescored and new impact categories were added around Service Interruption and Transformation. There has been significant progress with mitigating this risk and as such the impact was reduced from (3) to (2) across the impact categories and the likelihood was reduced from a (4) to a (2). Overall this reduced the risk score from (12) to (4). The new lead impact cat was Service Interruption and Transformation and it was agreed that Service Interruption was the most appropriate lead impact cat. This brings the risk back to within the Boards Appetite. Several Actions were also progressed and completed.	Patricia Cassidy, Garry Fraser	Andrew Mccall

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

9.1 Audit & Risk Committee Draft Minute: 22 March 2024
For Assurance

Committee Chair: Ms Fiona Collie, Non-Executive Director

Executive Summary
Update highlights key issues, key risks or other matters which should be the focus of the Board's attention, and any matters which are being formally escalated following the Audit and Risk Committee held on 22 March 2024.

Recommendation
The Forth Valley NHS Board is asked to:

- **note** the key issues being highlighted to the Board following the Audit & Risk Committee on 22 March 2024.
- **note** the draft minute of the Audit & Risk Committee on 22 March 2024 at Appendix 1.

Key Issues Considered

The key issues considered by the Committee were as follows:

Internal Audit

- Internal Audit Framework
- Revision of Internal Audit Annual Plan 2023/24
- Internal Audit Progress Report
- Audit Follow-up Report

External Audit

- External Audit Annual Plan 2023/24
- Audit Scotland NHS in Scotland 2023 Report

Risk

- Strategic Risk Register Quarter 4 2023/24
- Risk Management Annual Report 2023/24

Governance

- Best Value Framework
- Review of Audit and Risk Committee Terms of Reference
- Audit and Risk Committee Annual Report 2023/24
- Code of Corporate Governance
- NHS Scotland Accounting Manuals 2023/24
- Legal Claims Position

Fraud

- National Fraud Initiative
- Counter Fraud Services Quarterly Report

Amendments to the Revised Internal Audit Plan for 2023/24 were approved, noting revisions which reflected changing risks priorities and resource availability.

The Committee noted reasonable assurance was provided by the Internal Audit Progress Report.

External Audit outlined their plan for the 2023/24 audit cycle and provided key timelines, noting alignment with planned Audit Committee and NHS Board meetings. Controls and risks were detailed and noted.

The NHS in Scotland 2022 report had been prepared by Audit Scotland. The report noted the need for significant service transformation to ensure future financial, workforce and service sustainability of Scotland's National Health Service.

The Committee endorsed the proposed changes to the Strategic Risk Register which would be submitted to the Board for final approval.

The Audit and Risk Committee Terms of Reference had been updated with the Committee recognising that draft minutes could be presented to the Board.

The Audit and Risk Committee Annual Report was presented which provided an overview of the meetings held and business conducted over the preceding year.

The Code of Corporate Governance update was noted by the Committee, for presentation to the NHS for approval Board in July 2024.

Updates were provided around the Accounting Manuals issued by Scottish Government, with the timeline for final audited version of accounts was noted as 30 June 2024.

Appendix 1

AUDIT & RISK COMMITTEE

DRAFT Minute of the Forth Valley Audit & Risk Committee held on Friday 22 March 2024 via MS Teams.

Present: Cllr Fiona Collie (Chair)
Mr John Stuart
Mr Robert Clark

In Attendance: Mr Sandy Denholm, Deloitte, External Auditor
Mrs Anne Marie Machan, Regional Manager, FTF Internal Audit Services
Mrs Jocelyn Lyall, Chief Internal Auditor, FTF Internal Audit Services
Mr Scott Urquhart, Director of Finance
Ms Jillian Thomson, Deputy Director of Finance
Ms Kerry Mackenzie, Head of Policy and Performance
Ms Vicky Webb, Risk Manager
Mr Graeme Bowden, Capital Accountant
Mrs Sarah Smith (Minute)

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1. APOLOGIES

Apologies were noted on behalf of Cllr Gerry McGarvey.

2. DECLARATION(S) OF INTEREST(S)

There were no declarations of interest made.

3. MINUTE OF FORTH VALLEY AUDIT & RISK COMMITTEE MEETING

The minute of meeting held on 26 January 2024 were approved as an accurate record.

4. ACTION LOG & MATTERS ARISING

There were no matters arising outwith the Agenda.

4.1 ACTION LOG

The NHS Forth Valley Audit and Risk Committee:

- **Noted the Action Log and updates as discussed.**

Key Points:

- (1) - Internal Self-Assessment Report arrangements to be agreed at FTF Partnership Board on 2 May 2024, then to Audit and Risk Committee on 14th June 2024.
- (3) - Action Plan of the 2022/23 Internal Audit Annual Report had been distributed to appropriate Governance Committees. The ICE Report had also been disseminated.

5. INTERNAL AUDIT

5.1 Internal Audit Framework

The Forth Valley Audit and Risk Committee:

- **Noted the NHS Forth Valley Specification for Internal Audit Services**
- **Approved the Internal Audit Charter**
- **Approved the NHS Forth Valley Internal Audit Reporting Protocol**

Key points:

- The group reviewed the revised Framework, which had been endorsed at the recent FTF Partnership Board. The Internal Audit Framework document included the FTF Audit Charter, the Service Specification and the Reporting Protocol. Each of the three component parts of the document were discussed with changes from the previous version highlighted and agreed. The focus had been around eliminating duplication and updating terminology.

5.2 Revision of Internal Audit Annual Plan 2023/24

The NHS Forth Valley Audit and Risk Committee:

- Approved the Revised Internal Audit Plan for 2023/24 (Appendix 1)

Key Points:

- The proposed plan was introduced noting support from the Director of Finance, reflecting the changing risks, priorities and resource availability.
- In terms of delivery, clear reflection was noted around the impact of staffing pressures. This was in terms of sickness and vacancy and was reflected within the revised plan.
- The revised plan was set out within Appendix A and provided the rationale for each amendment.
- Mr Urquhart advised Forth Valley had requested Internal Audit to review the evidence on actions delivered within the Assurance and Improvement Plan work. The benefit of the independent assessment was recognised.

5.3 Internal Audit Progress Report

The NHS Forth Valley Audit and Risk Committee:

- Noted that the report provided Reasonable Assurance on progress with the Annual Internal Audit Plan

Key Points:

- Positive progress was noted since the last meeting. Three reports have been issued with position and status outlined. All were limited assurance.
- Key areas of ongoing work were outlined and noted by the Committee.
- The Committee were assured there would be sufficient information available for Ms Lyall to provide her overarching year-end annual opinion as Chief Internal Auditor.
- For Cyber Resilience Report A25/23, Mr Urquhart noted that an external NIS Audit with wider scope had also been recently concluded with positive assurance and 80% compliance.

6 EXTERNAL AUDIT

6.1 External Audit Annual Plan 2022/23

The NHS Forth Valley Audit and Risk Committee:

- Noted the report.

Key Points:

- Areas of significant risk were noted around financial sustainability for medium to long term and planning arrangements in order to deliver services effectively.
- A draft version of the report would be shared prior to publication.
- Mr Urquhart advised that key dates were noted on Page 10 of the Plan.
- Assurance was provided around alignment with the Audit and Risk Committee on 14/06/24 with the NHS Board meeting arranged for 18 June 2024. A clear structured timeline was in place.
- In relation to the Audit fee, the main aspect of this was set by Audit Scotland with ongoing discussion noted. Conclusion was required prior to finalisation.

6.2 NHS in Scotland 2022

The NHS Forth Valley Audit and Risk Committee:
- Noted the presentation as circulated

Key Points:
- The key areas of the report were outlined recognising challenges around service transformation; workforce and meeting service demand.
- A caveat was noted that the above information related to NHS Scotland but would provide context around the areas of focus and themes for NHS Forth Valley.
- Mr Stewart sought Audit and Risk assurance around implementation of recommendations as noted in the report. It was confirmed these would not be picked up as part of the Audit Follow Up process. It was therefore agreed that a paper would be taken to a future Audit Committee to provide an NHS Forth Valley position on each of the 4 actions. **Action: Scott Urquhart**

7. AUDIT FOLLOW UP

7.1 Audit follow-up report

The NHS Forth Valley Audit and Risk Committee:
- Noted the status of all internal audit recommendations and the action required to ensure identified control weaknesses are being addressed.

Key Points:
- The report provided the position to end of February 2024.
- Business Continuity Planning was discussed, with outstanding temporary post. Mr Urquhart confirmed he would follow up. **Action: Scott Urquhart**
- Mr Robert Clark highlighted Report A27/22 noting multiple extensions for 4 actions. Specific concern was highlighted around the action relating to the eESS system. This had a due date of March 2024, so a further update was expected.
- Ms Lyall provided context around the extensions, confirmed there had been no issues. The need for ongoing engagement was recognised.

8. RISK MANAGEMENT

8.1 Strategic Risk Register – Q4 2023/24 Update

The NHS Forth Valley Audit and Risk Committee:
- Endorsed the proposed changes to the Strategic Risk Register for Quarter 4, 2023/24 for onward reporting and approval by the NHS Board.

Key Points:

- An update was provided noting changes to the Risk Register and aro und actions and further controls.
- Mr Stewart requested clarity around the position for SR16 Culture and Leadership. Miss Webb noted this was a static position with a focussed review anticipated within the next quarter. It was anticipated that an updated position would be provided to the P&R Committee.
- In terms of SR9, Healthcare Strategy, Ms Lyall advised of a Strategic Planning Report that was currently out in draft and included a recommendation around this risk. Miss Webb confirmed a focussed review was being commenced within the next two weeks and she would link with Ms Lyall to ensure reflection of recommendations.

8.2 Risk Management Annual Report 2023/24

The NHS Forth Valley Audit and Risk Committee:

- Considered the assurance provided within the report regarding the effective management of Strategic risks throughout 2023/24 and the performance of the corporate Risk Management function during the same period.
- Approved the Corporate Risk Management Annual Performance Report for 2023/24

Key Points:

- This document was an update to the Annual Report circulated in October 2023 and ensured alignment with the Annual Governance Statement completed at the end of March 2024.
- The report provided an update on the Risk Framework and progression during 2023/24.
- Risk was outlined within the paper and Ms Mackenzie highlighted an audit action around sharing risk registers across the Partnership with a June deadline noted.
- The output of the focussed reviews had been shared with Assurance Committee organisers and would be fed into the 2024/25 Annual Plans. The timetable had been shared across Committees.
- The Committee sought clarification around assurance for departmental and team risks. It was recognised that work was ongoing and these areas were being picked up within the Directorate Reviews, noting a raise in profile. Work was required to align processes across all teams and ensure sophistication and rigour was in place through the risk management process.

9. GOVERNANCE ISSUES

9.1 Best Value Framework

The NHS Forth Valley Audit and Risk Committee:

- Recognised the work that had gone into the Report, recognising the wide area covered.

Key Points:

- Ms Mackenzie provided the annual update of the Best Value Framework
- A variety of evidence was noted throughout the document which demonstrated the breadth of work undertaken and identified Assurance Committees and Executives responsible for providing governance and leadership to support the themes.
- The themes detailed within the report were outlined, noting inclusion of 2 cross-cutting themes.
- A report would be made to the Board for information.

9.2 Audit and Risk Committee Terms of Reference

The NHS Forth Valley Audit and Risk Committee:

- Noted the draft Audit and Risk Committee Terms of Reference and substantial assurance
- Noted the proposed amendment
- Recommended the updated Terms of Reference to the NHS Board for approval at the meeting on 26 March 2024

Key Points:

- Mr Urquhart advised of 1 minor change, namely Item 3.4 minutes and noted that depending on timing of the NHS Board meeting, draft minutes could be submitted which was broadly consistent with other Committees.

9.3 Audit and Risk Committee Annual Report 2023/24

The NHS Forth Valley Audit and Risk Committee:

- Approved the draft Audit and Risk Committee Annual Report Subject to any updates required from the March 2024 meeting

Key Points:

- The business of the Audit and Risk Committee was set out with breakdown into key sections.
- A self assessment checklist had been including which had been reviewed with Mr Bowden and Ms Thomson. The Audit and Risk Committee were requested to review and provide feedback around any issues.
- A substantial assurance level was noted.
- Mr Stewart sought clarification around the quorate position noting requirement of 4 members. This was an area of interest for the new Board Chair, Ms Neena Mahal and Ms Mackenzie confirmed she would follow up on this item with potential review at the NHS Board meeting. Ms Lyall also confirmed she would be supportive of the membership being widened to ensure comfort in achieving quoracy.

9.4 Code of Corporate Governance

The NHS Forth Valley Audit and Risk Committee:

- Noted the Code of Corporate Governance.

Key Points:

- Last presentation was in 2022, with 2023 review postponed as the Code of Corporate Governance was still awaited.
- Detail was provided around the key areas covered and reviewed within the report..
- A typo was noted on page 8 which has been corrected.
- Presentation would be made to the NHS Board on 26 April 2024.
- An update on additional work would be brought to the Committee in June and the NHS Board in July 2024.

10. FINANCIAL & PERFORMANCE

10.1 NHS Scotland Accounting Manuals 2022/23

The NHS Forth Valley Audit and Risk Committee:

- Noted the updates as outlined.

Key Points:

- The Manuals were issued by Scottish Government on 15 March 2024 with deadlines noted. Previous Agenda items confirmed the work ongoing to adhere to these deadlines.
- The paper outlined the changes made within the paper.
- Information was required around CNORIS provision by 9 April 2024.
- The final of the template summarising agreement of balances between NHS Boards was due to Scottish Government on 30 June 2024, along with accounts. This would enable consolidation of the NHS Scotland position.

10.2 Legal Claims

The NHS Forth Valley Audit and Risk Committee:
- Noted the contents of this report
- Noted that 2022/23 CNORIS annual report has not been published by NHS National Services Scotland as yet.

Key Points:
- The paper outlined the number of claims for the current and previous years. A similary position was noted.
- The value of the claims was discussed, noting the benefit to the Board of participating role of the CNORIS Risk Share Scheme.
- The actual 2023/23 CNORIS report was not yet available and would be circulated once available.
- Mr Stewart requested clarity around any increase in claims around Covid or Hospital Acquired Covid. Ms Thomson confirmed the Central Legal Office monitored complaint themes and a request would be made for this information and this would be circulated to Committee. **Action: Jilian Thomson**

10.3 National Fraud Initiative

The NHS Forth Valley Audit and Risk Committee:
- Noted the contents of this report

Key Points:
- The Committee were advised that NHS Forth Valley participated in the bi-yearly the NFI Exercise. Current work was still focussed around 2022-23 with data matches being undertaken.
- The paper was aimed at providing assurance to Committees that no issues have been identified to date. There have also been no irregularities or instances of fraud.
- Audit Scotland would publicise a Report around the outcomes in August 2024 and it was proposed return be made to Committee in in October 2024.

11. COUNTER FRAUD SERVICES

11.1 Counter Fraud Services Quarterly Report - Quarter ending 31 December 2023

The NHS Forth Valley Audit and Risk Committee:
- Noted the attached CFS Report for the Quarter ending 31 December 2023

Key Points:
- Overall assurance was provided that NHS Forth Valley were in a good place overall, however continued focus was required.
- Mr Urquhart, along Ms Machan and other key attendees had met with Mr Gordon Young, Head of Counter Fraud, as part of the Annual Review. Key awareness raising

was undertaken along with Forth Valley's last self assessment, noting confidence around the overall approach. Mr Young advised that fraud made up 40% overall crime.

- The Committee were advised that Ms Shona Slayford had left FTF Internal Audit. Ms Machan would be fulfilling the post of Fraud Liaison Officer.

12 ANY OTHER COMPETENT BUSINESS

Mr John Stewart highlighted the Section 22 Report noting Public Audit Committee on 29 February 2024, with assurance sought around the Forth Valley position. Mr Denholm advised he would ascertain the process following publication if no issues were raised by the Auditor General. **Action: Mr Denholm**

Ms Mackenzie advised that addition information had been requested by Committee with a deadline of 8-9 April. This was focussed around performance statistics and would be provided by the Board Secretary.

There being no other competent business, the Chair closed the meeting at 1541 hours.

13 FUTURE COMMITTEE MEETING DATES

The next Audit and Risk Committee would be held on 16 June 2024 at 3 pm.

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

9.2 Clinical Governance Committee Draft Minute: 12 March 2024
For Assurance

Committee Chair: Dr Michele McClung, Non-Executive Director

Executive Summary
Update highlights key issues, key risks or other matters which should be the focus of the Board's attention, and any matters which are being formally escalated following the Clinical Governance Committee held on 12 March 2024.

Recommendation
The Forth Valley NHS Board is asked to:

- **note** the key issues being highlighted to the Board following the Clinical Governance Committee on 12 March 2024.
- **note** the draft minute of the Clinical Governance Committee on 12 March 2024 at Appendix 1.

Key Issues Considered

The key issues considered by the Committee were as follows:

- Escalation update
- Safe Delivery of Care Oversight Group update
- Acute Safety and Assurance Report
- Whole System Assurance Report
- Public Health update
- Risk Management Update: SR002 Focused Review - Urgent and Unscheduled Care
- NHS FV Person Centred Complaints and Feedback
- Significant Adverse Event Report
- Internal Control Evaluation

Appendix 1

CLINICAL GOVERNANCE COMMITTEE

DRAFT Minute of the Clinical Governance Committee meeting held on Tuesday 12 March 2024 at 9.00am via Microsoft (MS) Teams

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Present:	Ms Margo Biggs Mr Robert Clark Mr Gordon Johnston Dr Michele McClung (Chair) Mrs Helen McGuire Mr John Stuart	
In Attendance:	Miss Jennifer Brisbane (Minute) Mrs Lynda Bennie Ms Laura Byrne Dr Jennifer Champion Prof Frances Dodd	Ms Eilidh Gallagher (Item 10.1) Mr Jonathan Horwood (Item 8.3) Mr Andrew Murray Mr David Watson (Item 8.1) Miss Vicky Webb (Item 9.2 & 9.3)

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Ms Amanda Croft, Mrs Kirstin Cassels, and Mr Allan Rennie. The Chair confirmed the meeting was quorate.

2. Declaration (s) of Interest (s)

There were no declarations of interest offered at this time.

3. Draft Minute of Clinical Governance Committee meeting held on 16 January 2024

The draft minute of Clinical Governance Committee meeting held on Tuesday 16 January 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

The Clinical Governance Committee noted the below updates from the action log:

- Action 1: Significant progress had been made therefore it was decided that a business case was no longer required. A paper outlining potential impacts to be taken to a future Clinical Governance Committee meeting.
- Action 2: It was agreed that an extension would be provided, and an update would be given at the Clinical Governance Committee meeting on 10 September 2024.
- Action 3: Item was deferred to 14 May 2024 Clinical Governance Committee meeting.
- Action 4: Colleagues were advised that cardiac arrest updates would be included in the new standing item 'Acute Safety and Assurance Report'. Following discussion, it was agreed that a cardiac arrest improvement plan paper was still required for assurance.
- Action 6: Frances contacted Ms Oswald to arrange a discussion with Mr McCall, action was noted as complete.
- Action 7: Endorsement was achieved, and the action was noted as complete.
- Action 9: Discussion took place, and the action was noted as complete.

Action: Provide a paper outlining potential impacts associated with no business case for capacity of the Significant Adverse Event Review team.

5. Clinical Governance Committee Planner

The Clinical Governance Committee **noted** the Clinical Governance Committee Planner. The chair confirmed that all items noted on the committee planner were outlined within the meeting agenda.

6. For Approval

6.1 Clinical Governance Committee Terms of Reference

The Clinical Governance Committee received the 'Clinical Governance Committee Terms of Reference'.

The Clinical Governance Committee:

- ***Approved the Terms of Reference for the Clinical Governance Committee 2024/25.***

Key points considered:

- There were no changes to the Terms of Reference for the Clinical Governance Committee.
- A proposal was made to change section 2.3, to note that the Corporate Risk Manager would attend future committee meetings to be informed of wider issues within the organisation.
- Committee members approved the Terms of Reference with amendment to section 2.3 to reflect the proposed change.

6.2 Clinical Governance Committee Planner

The Clinical Governance Committee received the 'Clinical Governance Committee Planner'.

The Clinical Governance Committee:

- ***Approved the Committee Planner for 2024/25.***

Key points considered:

- The forward planner was structured to allow the committee to review routine and specific items and designed to ensure appropriate flow of information and breadth of clinical risk and clinical governance is captured.
- In place of the 'Safety and Assurance Report', the 'Whole System Assurance Report' and 'Acute Safety and Assurance Report' were added to the committee planner.
- Developments in the format of the Person Centred Report continued to progress.
- Work was ongoing to establish the frequency and the format of Professional Assurance Updates presented to the committee.
- Following discussion, it was agreed that amendments would be made to the 12 November 2024 meeting due to the large volume of papers scheduled.
- It was noted that Values Based Healthcare required more visibility.
- Colleagues were in agreement that, due to the newly established Public Protection group, frequent Public Protection reports would be provided at the committee for the first year to capture further assurance.

Actions:

- Review papers scheduled for 12 November 2024 meeting.
- Discuss Values Based Healthcare and bring back to the committee.

7. In Our Services, Is Care Safe Today?

7.1 Escalation Update

The Clinical Governance Committee received the 'Escalation Update'.

The Clinical Governance Committee:

- ***Noted the update regarding escalation processes.***

The purpose of the report was to highlight changes in the escalation process.

Key points considered:

- Progress against Version 3 of the NHS Forth Valley Escalation Assurance and Improvement Plan continued to be reported to the Escalation Performance & Resources Committee.
- Appendix 1 outlined the progress achieved, ongoing work being undertaken and plans in place for 2024/25 within Out of Hours Service.
- Following discussion on the new salary structure within Falkirk Health Social Partnership, colleagues requested that the report was to be brought to a future Clinical Governance Committee meeting and presented by a staff member from the Out of Hours Service to answer questions raised.

Action: Add Out of Hours Update to a future Clinical Governance Committee agenda.

7.2 Safe Delivery of Care Oversight Group Update

The Clinical Governance Committee received the 'Safe Delivery of Care Oversight Report'.

The Clinical Governance Committee:

- ***Noted the closure of the Safe Delivery of Care Oversight Arrangements.***
- ***Noted the recent Unannounced Inspection 22nd-24th January 2024.***

The purpose of the paper was to provide an update on the progress of the Safe Delivery of Care work and provide a level of assurance.

Key points considered:

- A reasonable level of assurance was reported on the basis that the measurement plan and ongoing assurance mechanisms were in place and would be taken into business as usual arrangements.
- A Healthcare Unannounced Inspection took place from 22- 24 January 2024 and consisted of the below areas based on the previous inspection's requirements:
    - A series of ward and clinical area inspections
    - Observing the ward and hospital environment
    - Speaking with staff
    - Observation of delivery of care and communication between staff, patient and visitors
    - Observing safety communications such as safety huddles
    - Assessing staffing levels
- The revised inspection report date was noted as 23 April 2024.
- Assurance was provided that the output of each strand of work was fed back to the relevant service and would be monitored within existing clinical governance structures. Oversights would be visible within Acute reports and the Clinical Governance Working Group.
- Colleagues were advised that the requirement to strengthen governance structures remained however work had been undertaken to educate staff at the Acute Clinical Governance Reset days. Furthermore, the attendance for the Acute Clinical Governance meeting had been widened, seeking attendance from Senior Charge Nurses in order to liaise with those working within wards.
- A return inspection would not be required however normal routine visits from Healthcare Improvement Scotland (HIS) were to continue and would be sighted in escalation reports.
- Concern was raised over communication within A&E following a personal experience. Colleagues were assured that this would be fed back to senior teams within A&E and that the front door care opinion suggested that patients felt well informed on their visits.

8. In Our Services, Was Care Safe in the Past?

8.1 Acute Safety and Assurance Report

The Clinical Governance Committee received the 'Acute Safety and Assurance Report'.

The Clinical Governance Committee:

- ***Noted the current position, challenges, and quality improvements being made in relation to the specific Scottish Patient Safety Program (SPSP) measures and compliance with national targets.***

The purpose of the report was to support discussion, provide assurance of robust clinical governance within the Acute Services Department (ASD) and appropriate scrutiny at the Clinical Governance Working Group (CGWG) for the Clinical Governance Committee.

Key points considered:

- Hospital Standardised Mortality Ratio (HSMR) reduced to 0.92, with a third consecutive quarter below the target of 1.
- Cardiac Arrest Rate had reduced from the last report of 2.8 to 2.17 per 1000 adult admissions.
- Overall Stroke Bundle compliance increased to 57% in November from the previous reported rate of 38%. Challenges regarding capacity had been experienced.
- Hospital Acquired Pressure Ulcer (HAPU) rate had increased to 0.5 per 1000 occupied bed days for Grades 2-4 reportable compared to the previous months rate of 0.4. It was advised that there would be a rise in rates before improved rates would be visible.
- Falls with harm rate had reduced from the last report of 0.71 to 0.58 per 1000 occupied bed days. With a percentage of falls with harm from the total number of falls being 6.8%.
- The eObs business case for deteriorating patients was close to completion, and assurance was provided that funding had been ringfenced for the business case.
- Committee members asked that future reports continued to demonstrate a higher level of enquiry and provide further assurance on governance arrangements.

8.2 Whole System Assurance Report

The Clinical Governance Committee received the 'Whole System Assurance Report.'

The Clinical Governance Committee:

- ***Reviewed and provided feedback on the new style of report.***
- ***Agreed on the level of detail required.***

The purpose of the paper was to provide assurance that the Clinical Governance processes within each of the Directorates were working as intended.

Key points considered:

- All key Directorates provided assurance through reporting templates, with the exception of Falkirk Health and Social Care Partnership who requested that their assurance report was deferred to the April 2024 Clinical Governance Working Group.
- Colleagues were advised that escalations would be directed to the Clinical Governance Working Group.
- Committee members provided positive feedback on the recently developed report and agreed that the style and content was helpful.
- Following discussion, colleagues were advised that work was ongoing to align Primary Care meetings with assurance reporting and were assured that the Primary Care Directorate were engaged with such reporting.

- Committee members requested that shared learning was included in future reports to reflect the roles and responsibilities of each directorate in relation to complaints.

8.3 Healthcare Associated Infection (HAI) Quarterly Report)

The Clinical Governance Committee:

- **Noted the HAI Executive Summary.**
- **Noted the performance in respect of the Annual Operational Plan (AOP) Standards for Staph aureus bacteraemias (SABs), device associated bacteraemias (DABs), Clostridioides difficile infections (CDIs) and Escherichia coli Bacteraemia (ECBs).**
- **Noted the detailed activity in support of the prevention and control of Healthcare Associated Infection.**

The purpose of the report was to provide oversight of the HAI targets SABs, CDIs, DABs, incidents and outbreaks and all other HAI activities across NHS Forth Valley.

Key issues considered:

- Total SABs, DABs, CDIs and ECBs reported cases remained within control limits.
- Within the reported quarter there were:
    - 5 hospital acquired SABs
    - 2 hospital acquired DABs
    - 1 hospital acquired CDIs
    - 4 hospital acquired ECBs
    - 1 C.difficile associated death
    - No surgical site infections
    - No MRSA associated deaths
    - 4 COVID-19 and 2 Norovirus outbreaks
- AOP targets were above the national trajectory for SABs and ECBs. Colleagues were advised that the National Surveillance Group were awaiting the output from the review of national targets being reduced by 2029. Reassurance was provided that although ECBs remained out with the national limit, significant progress had been made following escalation in 2023.
- Consideration was placed on the potential expansion of surgical infection surveillance and review the definition of post SABs infections to obtain more useful information.
- Colleagues were advised that Ward Visit Programme non-compliances had reduced and were reminded of NHS Forth Valley's successful programme, with the infection control team visiting every ward on a weekly basis.
- Following discussion, assurance was provided that work was ongoing with care homes regarding education on insertions and removals to mitigate infections associated with catheters.
- Concern was raised over the assurance regarding restrictions in place for prescribing antibiotics discussed at the Antimicrobial Management Group. It was proposed that such assurance was provided in the HAI Report going forward.

Action: Liaise with the Chair of the Antimicrobial Management Group regarding further assurance.

9. In Our Services, Will Care Be Safe in the Future?

9.1 Public Health Update

The Clinical Governance Committee received the 'Public Health Update'.

The purpose of the paper was to provide assurance that the principles and standards of Clinical Governance were applied to the Public Health Directorate.

Key points considered:

- Clinical Governance continued to progress within the Public Health Directorate.
- The Public Health Directorate Priority Work Plan described the role of the directorate in promoting, improving and protecting the physical and mental health of the people in Forth Valley, and the differences the directorate make in six monthly timeframes. Seeking to build conditions for change by actively developing local, cross organisation collaborative leadership for population health and the local public health system in all activity in each work area.
- The Priority Workplan describes the workstream of consultants and specialist in Public Health and Dental Public Health, which are routinely developed and discussed at the fortnightly Public Health Advisory Team (AT) meetings. Governance reporting structures aligned Priority Workstreams were being refined and robustly adhered to.
- The workstreams were assigned a consultant to lead work and would be reviewed on a six-monthly basis by the Acting Director of Public Health. The below workstreams were noted:
    - Forth Valley Anchor Institution Board
    - Early Years
    - Child Poverty Action Plan
    - Workplace Wellbeing
    - Drug Related Deaths and Suicide
    - Mental Health
    - Healthcare Public Health
    - Community-led Health
    - Community Justice
    - Health Protection
    - Immunisation
    - Screening
    - BBV and Sexual Health
    - Adult and Child Healthy Weight Programmes
    - Oral Health
    - Tabacco Action Group and Sustainability

9.2 Risk Management Update

The Clinical Governance Committee received the paper 'Strategic Risk Register- Update to Clinical Governance Risks'.

The Clinical Governance Committee:

- ***Considered the assurance provided regarding the effective management and escalation of Clinical Governance risks.***
- ***Endorsed the Clinical Governance Strategic risks, for onward reporting to the NHS Forth Valley Board.***

The purpose of the paper was to provide assurance in support of the committee's role in maintaining an overview of the strategic risks aligned to the Clinical Governance Committee and agreeing appropriate escalation to the Board.

Key points considered:

- An update was provided following review of the three strategic risks aligned to the Clinical Governance Committee:
    - SRR016 (Out of Hours Service) had reduced in risk score due to the completion of further controls. Assurance was provided that the risk was within NHS Forth Valley Board's tolerance and further controls would be monitored regularly.
    - SRR004 (Scheduled Care) remained static however progress was being made on the further controls aligned to the risk.
    - SR002 (Urgent & Unscheduled Care) was undergoing the process of a Focused Review which was to be discussed later within the agenda.
- There were 23 controls mitigating the strategic risks. Within the reporting period:

    - 3 actions had been completed.
    - No controls were identified as overdue.
    - 12 actions had completion dates on or before 31 March 2024.
- The Risk Trend Analysis indicated that 12 of the strategic risks remained static however 1 risk had decreased in score (SRR016- Out of Hours Service).
- Following discussion, colleagues agreed that embedding risk management structures throughout other reports would encourage ownership of risks at a local level and strengthen reporting and governance.

9.3 SR002 Focused Review- Urgent and Unscheduled Care

The Clinical Governance Committee received the paper 'Strategic Risk Register- SRR002 Focused Review'.

The Clinical Governance Committee:

- **Endorsed the evaluation of the assurance provided against SRR002.**

The purpose of the paper was provide assurance in support of the Clinical Governance Committee's role in maintaining an overview of the strategic risks aligned to the Committee, specifically SRR002, Urgent & Unscheduled Care (UUSC).

Key points considered:

- The Corporate Risk Management Team were undertaking work to develop the process of conducting a focused review, in order to ensure that information within reviews were meaningful and provided assurance to the relevant committee. The review process involved liaising with clinical leads over three 1 hour sessions to assess the risk, whilst utilising clinical expertise. Colleagues were asked to note that there were gaps in data however assurance was provided that the report gave the committee an insight into the desired direction of future focused reviews.
- The committee were provided with a detailed overview of the process and noted that:
    - 4 Key Performance Indicators (KPIs), regarding overall performance in the Emergency Department (ED), had been monitored.
    - The review of the current risk description was completed by using a bow-tie analysis, which focused on the causes and impacts of the risk.
- It was noted that from the 8 identified controls mitigating the strategic risk position:
    - Out of the 8 controls identified, 6 were assessed as 'important'.
    - The remaining 2 controls indentified were assessed as 'very important'.
    - There were 15 monitoring bodies which regularly assess a number of sources of assurance.
    - The conducted Firebreak to transform UUSC performance (Control 7) was categorised as red, as result of the control being considered to be less effective than anticipated.
    - A further 7 controls were identified to mitigate the risk further
- Following discussion, colleagues agreed that the new review process and reporting structure provided the committee with a better understanding and assurance of risks. Furthermore, highlighting a clear interrelationship between risk and performance by providing a more comprehensive explanation and initiating strategic discussions.
- The committee praised Miss Vicky Webb and her team for their developments in the focused risk review process.

Action: Liaise to identify a date to present an updated SRR002 focused review paper.

10. Is Our Care Person Centred

10.1 NHS FV Person Centred Complaints and Feedback

The Clinical Governance Committee received the 'NHS FV Person Centred Complaints and Feedback Report'.

The Clinical Governance Committee:

- ***Noted the current complaints position and offered assurances of local level discussion regarding the importance of timely responses and engagement with the patient relations team.***
- ***Noted the challenges in demand and capacity within the service and the proposal for further workforce analysis in year 2024.***
- ***Noted the action and mitigation plan.***

The purpose of the report was to provide a comprehensive review of complaints activity across NHS Forth Valley, whilst taking into account the number of complaints received, local resolution, compliance with the 20-day national target, Scottish Public Services Ombudsman (SPSO) referrals and examples of actions taken following complaints.

Key points considered:

- Due to a 27% increase in complaints, progress made to address the backlog experience was not at the anticipated level. Concern was raised over the potential increasing volume of complaints or remaining static which would require further support to address.
- From April 2023- 31 December 2023:
    - 1,358 complaints were investigated.
    - 59.2% of complaints were responded to within 20 working days.
    - 165 complaints remained open.
    - The overall performance for responding to complaints (excluding prisons) was 35.6%.
    - 33 cases were received by the SPSO.
    - In December 2023, the key complaint themes identified were related to:
        - Clinical Treatment/ Problems with Prescribing/ Medication
        - Treatment- Poor Nursing Care
        - Waiting Time/ Date if Appointment
        - Poor Co-ordination/ Aftercare
        - Staff Attitude Behaviour
- A further reduction in response to stage 1 and 2 complaints within 20 working days was noted at 55% in January.
- Due to a high level of complaints backlog, colleagues were advised of the significant organisational risk associated with impact on person centred care, trust in the health board within the community and delays to learning and implementation of changes.
- Previous work was undertaken to acquire additional short-term recruitment however it was noted that such efforts were not successful in attracting support.
- It was suggested that outstanding complaints could be made visible on a team's dashboard to increase visibility and engagement with service staff.
- Electronic patient records were noted as a desired improvement as it would increase the rate of complaints processed through ease of viewing documents for all relevant staff involved.
- Concern was raised over the impacts on the Patient Relation Team's wellbeing. Colleagues were advised that the team were struggling with demands but were informed of temporary resources in place to increase capacity. The team undertake monthly team sessions to provide an open space for staff to discuss pressures, however it was noted that there were gaps in appraisals.
- Work was ongoing to introduce a section within the complaints process with 'Common Questions' to implement complaint avoidance mechanisms.

11. Are We Learning and Improving?

11.1 Significant Adverse Event Report

The Clinical Governance Committee received the 'Significant Adverse Event Report'.

The Clinical Governance Committee:

- ***Considered NHS Forth Valley's position on current Significant Adverse Event Reviews (SAERs) with specific regard to compliance of the commissioning, completion, acceptance of SAERs and development of an improvement plan, within the timescales of the national framework.***
- ***Considered the mitigations in place to help support the capacity challenges.***

The purpose of the report was to provide the Clinical Governance Committee with information on Significant Adverse Events (SAEs) in relation to the requirements specified by the Scottish Government.

Key points considered:

- The Clinical Governance Committee, Executive Medical Director and Internal Audit requested that information on key performance indicators and compliance were displayed more visually by using graphical data to simplify the demonstration of any non-compliance issues.
- Committee members were asked to review and comment on the first draft of the report, to ensure a better understanding of SAER key performance metrics.
- Following a brief outline of the new reporting style, colleagues agreed that the change in format allowed for a more comprehensive understanding of the key points within the report.
- In order to gain assurance, it was suggested that services were made accountable for actions identified from the SAER recommendations and are asked to outline a detailed action plan following each SAER.
- Assurance was provided that work was ongoing to ensure shared learning was achieved from SAER learning summaries. Colleagues were advised that work was ongoing to finalise a learning summaries webpage, information within the quarterly newsletter and link with patients and families to share their experiences. Furthermore, discussions stimulating shared learning would be achieved following the implementation of the Vincent Framework across all governance specialities.
- SAER timescales were not compliant with Healthcare Improvement Scotland Guidance due to the issues regarding capacity, it was advised that although there was good engagement from potential SAER Lead Reviewers, training would have to be undertaken to ensure they felt confident. Therefore, it was anticipated that there wouldn't be timescale improvements reported by the next meeting.

12. Are Our Systems Reliable?

12.1 Internal Control Evaluation

The Clinical Governance Committee received the 'Internal Control Evaluation 2023/24'.

The Clinical Governance Committee:

- ***Noted the outcomes of the 2023/24 Internal Control Evaluation.***
- ***Noted the action points of specific concern to the Clinical Governance Committee.***
- ***Noted that some aspects may be relevant in the production of the Clinical Governance Committee annual report and assurance statement.***

The purpose of the paper was to outline the internal audit Internal Control Evaluation (ICE) aims and highlight relevant action points specific to the Clinical Governance Committee.

Key points considered:

- The ICE 2023/24 contained 12 recommendations, intended to embed good governance principles and to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance.
- The recommendations specific to Clinical Governance Committee were:
    - The Committee Planner should be monitored at each meeting of the Clinical Governance Committee and where a report is not presented, should be clearly annotated.
    - A system should be put in place to ensure reporting to the Clinical Governance Committee on clinical and care governance risks and issues relating to functions under the direction of the Integration Joint Boards (IJBs).
    - Enhance SAER assurance reporting to the Clinical Governance Committee by developing an organisation wide dashboard and, include visual aids in reports to improve performance monitoring through the use of identifiable trend of analysis over time.
    - Safety and Assurance reporting to use a similar approach used within the HIS Implementation Plan in order to enable consistent measuring, benchmarking, and monitoring of progress.
    - Complaints reporting to include specific improvement actions with target dates, outcomes focussed narrative, and an explanation of any barriers to achievement or potential risks to achievement. Clinical Governance minutes should reflect members scrutiny and challenge in relation to the level of assurance provided, and specifically their agreement of it.
- Colleagues were advised that progress had been made regarding all recommendations, noting that:
    - Reporting from the Health & Social Care Partnership would be included in the new whole system assurance report.
    - The SAER reporting style had been revised to reflect the recommendation and anticipated to be finalised in July.
    - Acute Directorate gained ownership of Safety and Assurance reporting therefore assurance was provided that the effectiveness of actions should become more visible in reporting.
    - The development of complaints reporting included a complete action plan at the end of the report.

13. For Noting

13.1 The Clinical Governance Committee **noted** the Clinical Governance Strategic Implementation Plan.

13.2 The Clinical Governance Committee **noted** the below reports from Associated Clinical Governance Groups.

13.2.1 Clinical Governance Working Group Minute 181023
13.2.2 Organ Donation Committee Minute 041023
13.2.3 Child Protection Assurance Group Minute 241023

13.3 The Clinical Governance Committee **noted** the below Standards and Reviews Report.

12. Any Other Competent Business

There being no other competent business the Chair closed the meeting.

13. Date of Next Meeting

Tuesday 14 May 2024 at 09:00, in the Boardroom, Carseview House.

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

9.3 Escalation Performance and Resources Committee Draft Minute: 2 April 2024
For Assurance

Committee Chair: Mr Martin Fairbairn, Non-Executive Director

Executive Summary
Update highlights key issues, key risks or other matters which should be the focus of the Board's attention, and any matters which are being formally escalated following the Escalation Performance and Resources Committee held on 2 April 2024.

Recommendation
The Forth Valley NHS Board is asked to:

- **note** the key issues being highlighted to the Board following the Escalation Performance and Resources Committee on 2 April 2024.
- **note** the draft minute of the Escalation Performance and Resources Committee on 2 April 2024 at Appendix 1.

Key Issues Considered

The key issues considered by the Committee were as follows:

- Assurance & Improvement Plan update
- Scrutiny of Governance actions within the Assurance & Improvement Plan
- Amended Terms of Reference
- Escalation Performance & Resources Committee – Next Steps

Appendix 1

ESCALATION PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Escalation Performance & Resources Committee meeting held on Tuesday 2 April 2024 at 15.00.

Present:
Mrs Kirstin Cassells
Mr Robert Clark
Cllr Fiona Collie
Mr Martin Fairbairn (Chair)
Dr Michele McClung
Mr Allan Rennie

Attendance:
Mrs Elsbeth Campbell
Dr Jennifer Champion
Ms Amanda Croft
Prof Frances Dodd
Mrs Morag Farquhar
Mr Garry Fraser
Ms Kerry Mackenzie
Ms Neena Mahal
Ms Jackie McEwan
Mr John Ratcliffe
Miss Rebecca Reid
Mr Scott Urquhart

1. Welcome

Mr Martin Fairbairn welcomed everyone to the meeting and confirmed the meeting was quorate.

2. Apologies for Absence

There were no apologies received.

3. Declarations of Interest

There were no declarations of interests.

4. Minute of the meeting held on Tuesday 20 February 2024

The minute of the meeting held on Tuesday 20 February 2024 was approved as an accurate record.

5. Matters Arising / Action Log

In relation to action point 055, discussions had taken place with Ms Amanda Croft, Christine McLaughlin and the Assurance Board who confirmed the key milestones necessary for de-escalation to be considered. These milestones included the completion of the Assurance & Improvement Plan, a final HIS report, evidence of the sustainability of ELT and progress reports of performance.

Ms Kerry Mackenzie advised that Internal Audit would be reviewing the Assurance & Improvement Plan to provide feedback. Focus work would remain on completion of actions and providing suitable evidence.

Agenda Item 7 was discussed at this time.

7. Assurance & Improvement Plan Update

The Escalation Performance & Resources Committee received an 'Assurance & Improvement Plan Update'.

The Escalation Performance & Resources Committee:

- **Considered the Assurance & Improvement Plan Update**
- **Discussed each high-level action & sub-action in relation to Governance.**

Key Points:

- Of the 35 high level actions, 32 had been completed. The 3 outstanding actions were:
    - Ensure professional and managerial structures are fit for purpose.
    - Consider how NHS Forth Valley ensures it reflects the diversity of its population in Senior Management and Board level roles.
    - Produce a strategic planning framework that supports the development of a planning cycle to be reviewed and updated annually that indicates where and when the Board is considering options, assessing risk, approving, and monitoring delivery of strategic plans.
- Work had been completed in producing the Strategic Planning Framework, but all information was still to be pulled together into one document.
- A professional assurance framework for both medical and nursing was being developed which would provide improved governance and assurance across the whole system.
- An ethnic diversity network was developed within the organisation to attract staff at all levels. Previously in partnership with Scottish Government, there had been a comprehensive communications program for senior managers and non-executive board members but there had been none carried out recently.
- The Committee took this opportunity to scrutinise each high level and sub-action within the Governance section of the Assurance & Improvement plan. Noting they were content with the actions and detail included within sub-actions but provided feedback on the below sections:
    - 3.1.5 - Request for wording of action to be reconsidered to clearly define that although complete a robust process was in place and would continue to be developed.
    - 3.2.3 - Schedule of items being discussed at upcoming NHS Forth Valley Board development sessions to be shared with attendees. Work would be carried out to strengthen attendance of these development sessions.
    - 3.3.1 - Following a question on the monitoring of performance reviews it was confirmed that Ms Amanda Croft would be responsible for holding directorates accountable.
    - 3.6.3 – Consideration to be given to the formatting of the board members appraisals, specifically non-executive members as it was expressed questions were limiting and not allowing for full extent of their skill mix to be demonstrated.
    - 3.6.5 – Although action complete for senior manager/executive cohorts of staff there appeared no plans in place for non-executive positions.
- To ensure full scrutiny of the Assurance & Improvement plan was being completed on a regular basis there was an ask that each assurance committee considered the relevant areas of the plan in the same depth as discussed at this meeting.
- Culture Change & Compassionate Leadership work was ongoing, and Mr Allan Rennie confirmed that the Staff Governance Committee were seeking quantitative and qualitive evidence of progress and outcomes.
- Discussed at the Clinical Governance Committee meeting was that oversight arrangements for safe delivery of care were closed off as work had become

business as usual. Limited assurance was provided against learning incident report of complaints and adverse events as capacity issues had led to complications in incidents being reviewed in the expected timeframe.

- Committee members at the recent Performance & Resources Committee meeting were advised of the improvement within performance for Children and Adult Mental Health Services and Psychological Therapies. Work against achieving the 4-hour emergency access standard would be discussed in depth at the following meeting.

6. Amended Terms of Reference

The Escalation Performance & Resources Committee considered the 'Amended Terms of Reference'.

The Escalation Performance & Resources Committee:

- **Considered the amended Terms of Reference.**

8. Escalation Performance & Resources Committee – Next Steps

The Escalation Performance & Resources Committee considered the 'Escalation Performance & Resources Committee - Next Steps'.

The Escalation Performance & Resources Committee:

- **Considered the two options in this paper for continuation/dissolving of the Committee.**
- **Noted that Governance actions will now be examined at the Escalation P&R Committee as agreed at the February meeting.**
- **Noted the governance arrangements going forward.**

Key Points:

- Each Assurance Committee would consider in detail the relevant aspects of the Assurance & Improvement plan to provide assurance and feedback to the Escalation Performance & Resources Committee. This would allow the Escalation Performance & Resources Committee to advise the Assurance Board that all areas of the plan were regularly being reviewed and scrutinised effectively.
- It was agreed that the committee should not be stepped down at this time as there were discussions to be had regarding Internal Audit feedback. A further meeting would be scheduled for May.
- Committee Members agreed that discussions regarding the stepping down of the Escalation Performance & Resources Committee could be reconsidered at the end of June.

9. Any Other Competent Business

There being no other competent business the chair closed the meeting.

10. Date of Next Meeting

Thursday 9th May at 10am

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

9.4 Performance & Resources Committee Draft Minute: 30/04/2024
For Assurance

Committee Chair: Mr Martin Fairbairn, Non-Executive Director

Executive Summary
This update highlights key issues, key risks or other matters which should be the focus of the Board's attention, and any matters which are being formally escalated following the Performance & Resources Committee held on 30 April 2024.

Recommendation
The Forth Valley NHS Board is asked to:

- **note** the key issues being highlighted to the Board following the Performance & Resources Committee on 30 April 2024.
- **note** the draft minute of the Performance & Resources Committee held on 30 April 2024 at Appendix 1.

Key Issues Considered

The key issues considered by the Committee were:

- Urgent & Unscheduled Care Update
- Escalation Update
- Digital and eHealth Plan 2024/2025
- Proposal for Short-Term Housing Lets: Falkirk
- Escalation Update
- Network Information Systems Regulations Update
- Finance Report
- Financial Sustainability Oversight
- National Treatment Centre
- Whole System Plan Update

Appendix 1

PERFORMANCE & RESOURCES COMMITTEE

DRAFT Minute of the Performance & Resources Committee meeting held on Tuesday 30 April 2024 at 9.30am, Boardroom Carseview House/MS Teams

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Present:
Mrs Kirstin Cassells
Mr Robert Clark
Mr Martin Fairbairn (Chair)
Cllr Wendy Hamilton

In Attendance:
Prof Frances Dodd
Mrs Morag Farquhar
Ms Claire Giddings
Mr Douglas Grant (Item 6.2)
Mrs Laura Henderson
Mr Scott Jaffray
Mrs Neena Mahal
Ms Jackie McEwan
Mr John Ratcliffe
Miss Rebecca Reid
Mr Kevin Reith
Mr Scott Urquhart
Miss Vicky Webb
Mr David Watson (Item 7.1)
Mr David Williams (Item 7.1)

1. Apologies for Absence/ Confirmation of Quorum

Apologies were received on behalf of Cllr Fiona Collie, Ms Amanda Croft, Dr Jennifer Champion, Mr Garry Fraser, Ms Kerry Mackenzie, and Mr Andrew Murray.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

Item 7.1 was taken at this point in the agenda.

7.1 Urgent & Unscheduled Care Update

The Performance & Resources Committee received the 'Urgent & Unscheduled Care Update'.

The Performance & Resources Committee:

- **Noted the Forth Valley 4-hour ED standard for performance update and proposed assurance level.**
- **Noted the work underway to improve the performance and charts now available to measure performance.**
- **Recognised the system pressures being seen across ED and the difficulties in achieving improved target performance despite the hard work in place to mitigate these issues.**
- **Noted the limited assurance provided.**

Key points:

- Performance against the 4-hour emergency access standard (EAS) for the emergency department (ED) within Forth Valley Royal Hospital was reported to be below 50%. Which was below the anticipated expectations set out by Scottish Government. However, it was noted that Minor injuries unit within Stirling Community hospital had achieved 100% performance against the 4-hour EAS almost every day.

- Workstreams had been implemented through the Urgent & Unscheduled Care plan to drive improvement and encourage staff to continue with their hard work.
- Difficulties improving performance could be seen as a direct correlation to the winter pressures of 2023/24 still being seen across the organisation. Another factor seen to impact performance was due to staffing issues of high absence and vacancy rates within ED.
- Highlighted was that average core bed occupancy in February and March 2024 averaged around 126%.
- Immediate actions were put in place to improve flow throughout ED which included ringfencing a 4-bed area within AAU3 to provide an assessment area for rapid turnover patients to be seen, increased focus on the discharge lounge, daily formal meetings, and the continuance of work with Scottish Ambulance Service to ensure only appropriate patients are brought to ED with other patients being diverted to more sufficient routes.
- The opportunity to learn from other health boards was presented and team members visited NHS Fife to get an overview of the functioning of their ED which was a positive experience resulting in some ideas to assist within Forth Valley.
- Mr David Williams spoke to the work ongoing within Clackmannanshire & Stirling Health and Social Care Partnership as all work to improve performance within ED was being done in collaboration to achieve a while system approach.
- To assist with relieving pressures within ED work was underway to encourage various pathways of care including 'Your home first' which was being managed by Mrs AnneMargaret Black and in the early stages of development whilst being treated with high priority. This would allow patients to be treated through care in the community in the hope to reduce the number of patients being admitted to hospital.
- To improve against discharges from the acute site it was expressed that thought would be given on the management of discharging more complex cases to provide a more sufficient process.
- It was important to provide data and evidence of how each workstream can assist with improving performance within ED to be shared and allow for anticipated improvements to be highlighted going forward. Although it was positive to see all the necessary work in place it was noted that oversight of the actions that would provide significant improvement would be beneficial to have on paper so that assurances could be provided to the NHS Forth Valley Board.
- It was questioned as to why the 'your home first' was not anticipated to be in place until August 2024 and this was due to the scale of work being undertaken as well as encouraging an integrated approach across all parties involved.

3. Minute of Performance & Resources Committee meeting held on 27 February 2024

The minute of the meeting held on 27 February 2024 was approved as an accurate record.

4. Matters Arising from the Minute/Action Log

There were no matters arising. The action log was reviewed and discussed by committee members. Confirmation was provided that action 30 was in the final stages of work and would be taken to ELT for discussion and finalisation. It was agreed that the completion date would be amended to reflect the next meeting of the Performance & Resources Committee.

Action:

- Amend timescale of action 30 to 25/06/24.

5. FOR APPROVAL

5.1 Draft Performance & Resources Annual Report

The Performance & Resources Committee considered the 'Draft Performance & resources Annual Report'.

The Performance and Resources Committee*:*

- **Approved the draft Performance and Resources Committee Annual Report subject to any updates required.**
- **Delegated authority to the Performance and Resources Committee Chair to approve the final version of the report prior to submission to the NHS Board.**

Key points:

- The draft annual report was shared with committee members for consideration ahead of submission to the NHS Forth Valley Board.
- One suggested change from the chair included detail within the conclusion to emphasise why Financial Benchmarking had not been presented to the committee.
- Committee members were content with the report provided and agreed to delegate authority to the Chair to approve the final iteration.

5.2 Performance & Resources Committee Planner 2024/2025

The Performance & Resources Committee considered the 'Performance & Resources Committee Planner 2024/2025'.

The Performance & Resources Committee:

- **Noted the detail within the Performance & Resources Committee Planner 2024/25**
- **Approved the Performance & Resources Committee Planner 2024/25 noting that this will be reviewed and updated on an ongoing basis**.

Key points:

- The 2024/2025 committee work plan supports the Committee to take sufficient cognisance of its role and remit as laid down in the Terms of Reference, enabling the production of a comprehensive Annual Report and the provision of adequate assurances.
- This committee planner would continue to be reviewed and updated on an ongoing basis.
- As the Winter Planning Update was not scheduled to be presented to the committee until the October meeting. Committee members were advised that an overview could be shared at the August meeting.

5.3 Alva Medical Practice Boundary Change

Item 5.3 was removed from the agenda as this item should be considered by the NHS Forth Valley Board.

5.4 Digital and eHealth Plan 2024/2025

The Performance & Resources Committee considered the 'Digital and eHealth Plan 2024/2025'.

The Performance & Resources Committee:

- **Approved the Digital & eHealth Delivery Plan 2024/2025**

Key points:
- The Digital & eHealth programme plan is aligned with the Local Digital Health & Care Strategy which was approved by the Board in January 2024.
- The plan complies with both national strategies and local priorities.
- Financial plans for the programmes of work being implemented highlighted a £2m recurring cost.

5.5 Proposal for Short-Term Housing Lets: Falkirk

The Performance & Resources Committee considered the 'Proposal for Short-Term Housing Lets: Falkirk'.

The Performance & Resources Committee:
- **Noted the work progressed to date on the proposal for short-term housing for individuals delayed in their discharge from hospital.**
- **Approved the proposed leases of accommodation from Falkirk Council.**
- **Approved remit to the Directors of Finance and Facilities the finalisation of the terms for the leases, including completion of legal documentation with satisfactory undertakings by Falkirk HSCP.**
- **Considered the proposed level of assurance.**

Key points:
- A need had been identified to provide short-term housing for individuals whose home is unsuitable for discharge as part of an ongoing effort to reduce the delayed discharges.
- Care and support to individuals placed in these tenancies would be provided, or sourced, by Falkirk Health & Social Care Partnership (HSCP). This would include any costs associated with the day today operation and NHS Forth Valley would not be responsible for utility costs or maintenance.
- Each party would be responsible for their own legal fees in relation to this proposal.

5.6 Strategic Risk Register Update

The Performance & Resources Committee considered the 'Strategic Risk Register Update'.

The Performance and Resources Committee:
- **Considered the assurance provided regarding the effective management and escalation of risks aligned to the Performance and Resources Committee.**
- **Endorsed the Performance and Resources Strategic Risks for the period February- April 2024 for onward reporting to the Forth Valley NHS Board.**

Key points:
- The seven risks aligned to the Performance and Resources Committee had been reviewed for April 2024 and six of the seven risks remained static. As a result of a focused review on SRR014 Healthcare Strategy the risk score was reduced to 8 from 9.
- A review of the Financial Sustainability target score was conducted and as a result the risk score was increased to 15 which remained within the Board's tolerance level and allowed for a more realistic target position.
- The appetite profile of the Strategic Risks had changed resulting in 15.4% of risks being within the Boards appetite, 38.5% within the Boards tolerance and 46.2% were out with the Boards appetite and tolerance.

6. BETTER GOVERNANCE

6.1 Escalation Update

The Performance & Resources Committee received an 'Escalation Update'.

The Performance and Resources Committee:

- **Considered the progress in relation to Integration actions detailed within the Assurance and Improvement Plan.**
- **Considered progress in relation to Psychological Therapies, Child and adolescent Mental Health Services, and Urgent and Unscheduled Care performance detailed within the Assurance and Improvement Plan.**
- **Approved the reasonable level off assurance provided.**
- **Reviewed each the action plan in detail provided feedback on areas that require rewording and clarity.**

Key points:

- Previously agreed was that each individual Assurance Committee would validate progress and review the finer detail of actions relevant to their area to provide feedback and assurances to the Escalation Performance & Resources Committee.
- The Performance & Resources Committee would consider the work detailed within Psychological Therapies, Child and Adolescent Mental Health Services (CAMHS), Integration and Urgent & Unscheduled Care.
- Noted was that positive progress had been made against each action with all actions now marked as complete.
- A review of the integration scheme was marked as complete as work had commenced, and external support was being provided and progress would continually be monitored.
- Performance for CAMHS was highlighted as 95.5%, Psychological Therapies was 75.3% and compliance against the 4-hour emergency access standard was 51.5%.
- Committee Members took this opportunity to discuss in detail both the high-level actions and sub-actions. It was agreed they were content with the progress of work being undertaken but provided feedback in specific areas:
    - 4.1.2 – Mr Scott Urquhart confirmed he was not aware of any outstanding vacancies to be recruited to but would confirm later once clarity had been sought.
    - 4.3.2 – Aware that progress had begun but detail within the action should be reworded to clarify work was still ongoing.
    - 4.3.3 – As this would be progressed through the IJB, Mr Urquhart would confirm following the meeting that this had been completed.
    - 4.3.4- Requested evidence of work be provided.
    - 4.3.5 – Evidence to be provided of action plan implementation. Mrs Dodd did confirm that iMatter action plans were team specific and not cumulated in to one plan so thought could be given with IJB colleagues on how to provide this evidence.
    - 4.3.6 – Request for confirmation on whether this work had been completed.
    - 5.1 – Acknowledged that despite positive evidence of work being implemented within this area the statistics of improvement were yet to be seen across the organisation. Noted was the importance of identifying priority actions to deliver the desirable outcomes.

6.2 Network Information Systems Regulations Update

The Performance & Resources Committee received the 'Network Information Systems Regulations update'.

The Performance & Resources Committee:

- **Recognised and endorsed the results of the audit, and the progress that NHS Forth Valley have made over the years to improve cyber resilience throughout the organisation.**

Key points:

- NHS Forth Valley achieved 80% compliance with the NIS Regulation for the 2023/24 Audit.
- 2 of the 3 KPI's set out by the Scottish Health Competent Authority had been completed. An action plan to focus on completion of the 3rd KPI had been created which consisted of 126 controls.
- Feedback from auditors emphasised the good work that had been carried out within NHS Forth Valley and noted that Forth Valley were a strong performing board for NIS Regulation compliance.
- Clarity was requested on the limited assurance provided against item 9.3 Cyber Resilience Audit. External auditors were seen to review a broad range of factors whereas internal audits consist of a more specific focus on business continuity which can be reflected in the findings from the NIS Regulations audit.
- As the category Services Resilience only saw a 57% compliance score Mr Grant confirmed that this would be an area of focus and priority to increase this score and complete the necessary work.

7. BETTER CARE

7.2 Performance Scorecard

The Performance & Resources Committee received the 'Performance Scorecard'.

The Performance & Resources Committee:

- **Noted the current key performance issues.**
- **Noted the detail within the Performance Report.**
- **Considered the proposed level of Assurance.**

Key points:

- At the end of March 2024, 6,580 patients were waiting beyond the 6-week standard for imaging with 281 patients waiting beyond 6 weeks for endoscopy. Activity against the remobilisation plan for financial year April to March 2024 is noted as 96% and 155% respectively.
- To assist with aiding long waits Scottish Government had agreed to post a CT Van on site and Forth Valley Royal Hospital by the end of May 2024.
- A more sustainable, long-term solution to assist reducing the length of wait for a CT scan was still being considered.

7.3 Healthcare Strategy

The Performance & Resources Committee received the 'Healthcare Strategy'.

The Performance and Resources Committee:

- **Considered the evaluation of the assurance provided for SRR014 Healthcare Strategy.**

Key points:

- SRR0014 Healthcare Strategy was a risk identified during the pandemic and highlighted that the current strategy in place had no specifications related to covid-19. Specifications of this risk was broadened to include the implementation of a population health & care strategy.
- There were 12 current controls in place for this risk, with 3 further controls planned and underway noting the main further control being the development of our Population Health & Care Strategy.
- 10 of the 12 current controls had been assessed as mostly effective, and 2 assessed as partially effective. 4 controls had been assessed as amber in RAG status which prompted a gap analysis of these controls.
- A timescale of work had been agreed by both the NHS Forth Valley Board and ELT.
- Questions were raised against the financial risk of implementing this work, but it was agreed that such work would define the healthcare for future generations.

8 BETTER VALUE

8.1 Finance

8.1.1 Finance Report

The Performance & Resources Committee received the 'Finance Report'.

The Performance & Resources Committee:

- **Noted the draft outturn for financial year 2023/24 meets all revenue and capital financial targets, in line with the forecast position reported to NHS Board on 26th March 2024:**
  - **A surplus of £0.123m against the revenue resource limit of £861.5m.**
  - **A break-even position against the capital resource limit of £9.9m**
  - **A break-even position against the cash requirement with a closing bank balance of less than £0.050m**
- **Noted that the draft outturn remains subject to External Audit review, receipt of the final Scottish Government budget allocation letter and confirmation of IJB year-end positions.**
- **Noted that work is ongoing to produce the draft 2023/24 NHS Board Annual Accounts for submission to External Audit and Scottish Government in line with statutory deadlines.**

Key points:

- This report provided a summary of the draft financial outturn position for the 12-month period ending 31 March 2024 subject to external audit review. Both Capital and revenue target budgets were delivered with a small surplus against the revenue resource limit.
- Preparation of the 2023/24 Annual Accounts is now underway and an initial draft will be submitted to the NHS Board's External Auditor on 1st May 2024 with the final audited accounts expected to be considered by the Audit and Risk Committee on 14th June 2024.
- A funding shortfall of £58.4m had been identified for 2024/25 based on financial planning assumptions, recurring pressures, and the unachieved recurring savings target from 2023/24. A number of cost improvement plans and efficiency initiatives had been developed to mitigate the £58.4m gap and at present estimated target savings was £43.8m.
- A last-minute unexpected funding allocation had been provided from Scottish Government which allowed the year end targets to be achieved.

- To allow staff to raise any questions or concerns against the anticipated financial pressures for 2024/25 a question & answer session had been arranged which would provide the opportunity to reiterate the challenges ahead on achieving the anticipated financial targets.

8.1.2 Financial Sustainability Oversight

The Performance & Resources Committee received the 'Financial Sustainability Oversight'.

The Performance & Resources Committee:

- **Noted the NHS Forth Valley financial plan was approved by NHS Board on 26 March 2024, projecting a 2024/25 financial challenge of £58.357m before savings, and a savings plan of £43.841m.**
- **Noted that Scottish Government have confirmed approval of the financial plan, in a letter dated 4 April 2024 which set out expectations on further work to address financial pressures.**
- **Noted that a Financial Sustainability Oversight Board has been established locally, with an agreed Terms of Reference and forward planner for meetings over next 12 months, and with a reporting line to the Performance and Resources Committee.**
- **Requested that a summary of actions and progress of the Oversight Board are shared with the Performance and Resources Committee for assurance on a routine basis.**

Key points:

- A five-year financial plan was approved by the NHS Board on 26 March 2024. The plan set out the significant scale of financial challenge ahead, with an opening gap for 2024/25, before savings, of £58.357m.
- The Financial Plan was supported by a Financial Sustainability Action Plan which detailed in-year savings plans totalling £43.841m, broadly aligned to the national 15-point plan across workforce, medicines, and value themes.
- A Financial Sustainability Oversight Board was established on 8th April 2024 with the purpose of overseeing the cost improvement plan and associated change management and delivery of savings.
- A summarised report of the minutes from the Financial Sustainability Oversight Board would be provided to the Performance & Resources Committee for assurance going forward.
- Most of the plans in place to achieve financial sustainability were described as high risk at this stage recognising the need for further review and focused actions.
- Work would continue to reduce contingency beds within the acute site, absence rates and the spend on supplementary staffing to aid financial saving opportunities.
- Committee members were in support of the approach being taken to achieve financial sustainability and recognised the high risk associated with achieving anticipated savings targets.

8.2 National Treatment Centre

The Performance & Resources Committee received an update of the 'National Treatment Centre'.

The Performance & Resources Committee:

- **Noted the Forth Valley NTC progress update and proposed assurance level.**

- **Noted the decision to instruct the rectification of the domestic water pipework installation.**
- **Noted the current status of NHSSA actions.**
- **Noted the timeline for Ward completion and associated Commissioning and Handover KSAR processes is not confirmed and will require resolution of outstanding compliance issues as advised by NHSSA.**

Key points:

- While the new 30 bedded modular ward building is largely complete, work continued to address several outstanding technical issues and recommendations made by NHS Scotland Assure (NHSSA).
- At present it was not possible to provide an anticipated opening date due to a number of factors. Discussions were underway with NHSSA and Forth Health to agree a date of completion and opening.
- Despite construction delays, NHS Forth Valley were continuing to treat a significant number of patients from other Health Boards with the support of the two additional operating theatres, MRI scanner, additional car parking, and workforce already in place.
- Committee members were previously advised of the three main issues for concern that were causing delay with construction. One of which was the sizing of pipework which was originally deemed incorrect, but this had since been reviewed and confirmation was provided that flow of water would be sufficient to prevent bacteria growth. Secondly, the insulation of the domestic water pipework was deemed non-compliant following assessment and work was underway to review and risk assess the installation along with any mitigating measures. This defect of the pipework had been shared with Forth Health who would be responsible for rectifying the issue.
- Fire safety compliance was an issue being discussed by all parties to achieve a collaborative solution. Good progress was made, and things appeared to be moving in the correct direction to achieve securing a detailed design solution to satisfy compliance and safety concerns.
- Noted was a net position of 49 outstanding actions for completion following a number of actions having been submitted to NHSSA for assessment. Although it would appear many of these actions sat with NHS Forth Valley work could not progress to complete these due to the requirement of further information or evidence to be provided.
- Committee members recognised the positive work that had been underway to mitigate outstanding issues and requested if a further update could be shared at the next meeting for assurance of further work.
- Limited assurance was provided with this report as nothing further could be done at this time by NHS Forth Valley without external feedback and all appropriate work was in place through the necessary workstreams. Due to the challenging pace of receiving feedback it was agreed that limited assurance was the correct assessment to provide.

Action:

- Further progress update to be shared at the June meeting.

8.3 Whole System Plan Update

The Performance & resources Committee received the 'Whole System Plan Update'.

The Performance & Resources Committee:

- **Noted the requirements of DL (2024) 02 regarding whole system infrastructure planning.**

- **Noted the position in relation to the future approval of projects which are under the auspices of the Scottish Capital Investment Manual.**
- **Considered the proposed level of assurance.**

Key points:

- DL (2024) 02, *NHS Scotland: Whole System Infrastructure Planning*, was introduced by Scottish Government on 12 February 2024 which introduced a new approach to strategic infrastructure planning and investment across NHS Scotland.
- All NHS Boards must submit a 'Do Minimum Business Continuity Option' to Scottish Government by 31 January 2025. Following this a 'Whole System Programme Initial Agreement' must be submitted by 31 January 2026.
- The new requirements of reporting in place would supersede the Property & Asset Management Strategy.
- Limited assurance was provided due to guidance still being developed and provided from Scottish Government and internal governance to deliver this work was yet to be completed.

9 FOR NOTING

9.1 Code of Corporate Governance

The Performance & Resources Committee **noted** the Code of Corporate Governance.

9.2 Risk Management Annual Report

The Performance & Resources Committee **noted** the Risk Management Annual Report

9.3 Cyber Resilience Audit

The Performance & Resources Committee **noted** the Cyber Resilience Audit.

9.4 Financial Compliance Audit

The Performance & Resources Committee **noted** the Financial Compliance Audit.

9.5 Emergency Planning and Resilience Group Minute: 30/11/2023

The Performance & Resources Committee **noted** the Emergency Planning and Resilience Group Minute from 30/11/2023.

9.6 Information Governance Group Minute 11/01/2024

The Performance & Resources Committee **noted** the Information Governance Group Minute from 11/01/2024.

10 ANY OTHER COMPETENT BUSINESS

There being no other competent business the chair closed the meeting.

11 DATE OF NEXT MEETING

Tuesday 25 June 2024 at 9:00am in the Boardroom, Carseview House

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

9.5 Staff Governance Committee Draft Minute: 15/03/2024
For Assurance

Committee Chair: Mr Allan Rennie, Non-Executive Director

Executive Summary
This update highlights key issues, key risks or other matters which should be the focus of the Board's attention, and any matters which are being formally escalated following the Staff Governance Committee held on 15 March 2024.

Recommendation
The Forth Valley NHS Board is asked to:

- **note** the key issues being highlighted to the Board following the Staff Governance Committee on 15 March 2024.
- **note** the draft minute of the Staff Governance Committee held on 15 March 2024 at Appendix 1.

Key Issues Considered

The key issues considered by the Committee were:

- Safe Staffing
- Escalation Update
- Assurance & Improvement Update: Leadership and Culture
- Agenda for Change Review 2023-2024
- Staff Governance Report
- Whistleblowing Update
- NTC Staffing Update
- Well Informed Report
- Public Sector Equalities Duties Report
- Internal Control Evaluation
- Health & Safety Quarterly Report

Appendix 1

STAFF GOVERNANCE COMMITTEE

DRAFT Minute of the Staff Governance Committee meeting held on Friday 15 March 2024 in the Boardroom, Carseview House and via MS Teams.

Present:	Mr Robert Clark Mr Nicholas Hill Mr Gordon Johnston Mr Stephen McAllister Cllr Gerry McGarvey Mrs Hilary Nelson Mr Allan Rennie (Chair) Ms Janet Sneddon	
In Attendance:	Mrs Elaine Bell Mr Michael Brown Miss Jennifer Brisbane Ms Amanda Croft Ms Charlene Condeco Mrs Morag Farquhar Ms Marie Gardner Mr Cameron Raeburn (Item 9.2)	Miss Rebecca Reid (Minute) Mr Kevin Reith Mrs Linda Robertson Mr John Ratcliffe Miss Rachel Tardito Miss Vicky Webb Ms Nicola Wood (Item 8.3)

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1. Apologies for Absence / Confirmation of Quorum

Apologies were received from Prof Frances Dodd, Mrs Margaret Kerr, Mrs Karren Morrison, and Mr Scott Urquhart.

2. Declaration (s) of Interest (s)

There were no declarations of interest.

3. Draft Minute of Staff Governance Committee meeting held on 15 September 2023

The minute of the Staff Governance Committee meeting held on 15 December 2023 was approved as an accurate record.

4. Matters Arising from the Minute / Action Log

There were no matters arising from the minute. The action log was reviewed, and details of progress against each area were shared with committee members. Action point 6 referred to the Workforce Strategic Risk Deep Dive and committee members were advised that this had been rescheduled to be presented at the June 2024 meeting of the Staff Governance Committee.

5. Staff Governance Committee Workplan

The Staff Governance Committee received the 'Staff Governance Committee Workplan.'

The Staff Governance Committee:

- **Noted the contents of the Staff Governance Workplan.**

6. FOR APPROVAL

6.1 Draft Staff Governance Workplan 2024/25

The Staff Governance Committee received an update on the 'Draft Staff Governance Workplan 2024/25'.

The Staff Governance Committee:

- **Commented on the draft Committee Work Plan for 2024/25.**
- **Approved the Work Plan as the basis for committee activity for the next governance year.**

Key points:

- Committee members were advised that confirmation of timings for reporting of proposed agenda items were still to be obtained due to pending national direction or internal reporting agreements to be reached.
- The 2024/25 workplan was based upon a 4-meeting schedule as previously agreed at the NHS Forth Valley Board. Intentions were shared to align the Staff Governance Committee to the annual 6 meeting schedule in 2025/26. Additional meetings may be considered where necessary.

Item 8.3 was taken at this point due to scheduling conflicts for the presenter.

8.3 Safe Staffing

The Staff Governance Committee received a 'Safe Staffing' update.

The Staff Governance Committee:

- **Noted the update and progress made in preparation of implementation of the Health and Care (Staffing) (Scotland) Act 2019.**
- **Noted the requirements for the Q3 report to the Scottish government for 25th March 2024.**

Key Points:

- Full implementation of the Health and Care (Staffing)(Scotland) Act 2019 would take effect on 1 April 2024.
- A whole system governance structure across NHS Forth Valley was implemented in September 2023 which included the introduction of an Oversight Group for the implementation of the legislation, an operational working group as well as 12 profession specific sub groups.
- A benchmarking exercise carried out between January 2024 and March 2024 allowed for multi professional working groups to be created which would lead key pieces of work against the legislation.
- The Q3 progress report would be submitted to the Scottish Government on 25 March 2024 thereafter reports would be submitted annually with the first expected report to be submitted on 31 March 2025.
- To support implementation of the act funding had been provided by Scottish Government but as the legislation becomes business as usual there would be a requirement for NHS Forth Valley to provide funding. A financial plan to understand the implications of sourcing the required funding would be considered.
- Annual reporting of the act would be for consideration at the NHS Forth Valley Board, but committee members agreed that it would be beneficial if quarterly updates could continue to be shared at the Staff Governance Committee meetings.

7. ESCALATION

7.1 Assurance & Improvement Update: Leadership and Culture

The Staff Governance Committee received an 'Assurance & Improvement Update: Leadership and Culture'.

The Staff Governance Committee:

- **Noted the progress to date and that 11 out of 13 high-level actions under culture and leadership are now complete.**
- **Considered the summary and impact of completed high-level actions in Table 1.**
- **Noted that progress in relation to the 4 performance actions will continually be ongoing and monitored through the Performance Management Framework.**
- **Considered the proposed level of assurance.**

Key points:

- Significant progress had been demonstrated against the Assurance & Improvement Plan and the positive impact and outcomes of completed actions were being seen, whilst continuing to prioritise and close out remaining actions.
- Within the Culture domain, 8 of the 9 high-level actions had been completed and 3 of the 4 high-level actions against Leadership were completed. A further review of all actions detailed that a number of sub-actions had been completed as they enabled the necessary work to allow for completion of the overall high-level actions. Despite many actions having been completed work in these areas would continue to ensure progress and improvement on an ongoing basis.
- Assurances were provided that each meeting of the Staff Governance Committee would receive a progress report of actions and ongoing work.
- A face to face reset of the Acute Partnership Forum would be welcomed to ensure actions were being implemented as required. As a senior member of the Acute team, Mrs Marie Gardner shared her enthusiasm to engage with the Acute Partnership Forum to which Ms Janette Sneddon agreed this would be picked up offline.

8. STAFF GOVERNANCE STANDARD ACTIVITY

8.1 Agenda for Change Review 2023-2024

The Staff Governance Committee considered the 'Agenda for Change Review 2023-2024'.

The Staff Governance Committee:

- **Noted the update of the Agenda for Change Review 2023-2024.**

Key points:

- As part of the agreed 2023/24 pay award national guidelines were released detailing the 3 final elements to be implemented by 1 April 2024. These included:
    - A 30-minute reduction of the working week for all staff where service pressure allowed to do so. Where service pressures delay any member of staff from reducing their working week they will be recompensed for their time.
    - Protected learning time across the organisation for all including statuary, mandatory and profession specific learning.
    - A national process of reviewing all Band 5 nursing positions.
- Work was underway to develop the plan for reviewing band 5 positions, but it was recognised that this would be a substantial piece of work.

- A co-ordinated approach across the organisation was being taken to understand the best means of implementing the reduced hours working week. Future reductions in the working week will result in 36 hours became the normal working week hours for Agenda for Change staff. It was important to have implementation correct at this stage to allow for a smooth transition with future reduction.

8.2 Staff Governance Report

The Staff Governance Committee received the 'Staff Governance Report'.

The Staff Governance Committee:

- **Noted the progress on developing the range of workforce information and performance measures based on feedback at previous meetings. This work was being done in conjunction with performance reporting development within the organisation.**

Key points:

- The Staff Governance report provided a full in-depth update of activity across the organisation in relation to Staff Governance and Partnership priorities.
- Work was being done in conjunction with the performance management reporting within the organisation to ensure that managers had access to their own staff information to inform decision making and support achievement of key organisational targets.
- Overall sickness absence rates for January 2024 were 7.90%, this was an increase of 0.23% from December 2023. Following peak periods of absence over the winter periods it was anticipated that absence figures would hopefully decrease in the upcoming months.
- Committee members requested that actions to reduce high absence rates were demonstrated to the committee as well as highlighting the outcomes from this work.
- A national stream of work focussing on the reduction of off framework agency usage had resulted in a reduction over a 6-month period of 800 shifts per month to 1 shift in the month of reporting. All off framework agency shifts were now required to be signed off by the Director of Nursing.
- In February 2024 further agency reduction was commenced around Health Care & Social Work use in Nursing. A 68% reduction in Health Care & Social Work nursing use in February 2024 was noted, further enabling actions would be introduced in March 2024 with the aim to reduce use further.
- Occupational Health Service management referral wait times had increased to 6 weeks during January 2024. Work would continue with the aim to reduce wait times.

8.4 Whistleblowing Update

The Staff Governance Committee received the 'Whistleblowing Update'.

The Staff Governance Committee:

- **Noted Whistleblowing performance in NHS Forth Valley during Q3 and Q4 2023/24.**

Key points:

- As a direct result of staff using the whistleblowing process the infrastructure had been significantly strengthened.
- Work continues to capture and report performance against the 9 KPI's set out by the Scottish Government Mandate within Pentana.

- Training compliance is monitored through TURAS and it was recognised that further work was required to encourage senior managers to complete training so they can ensure that their staff are undertaking the appropriate training.

8.5 NTC Staffing Update

The Staff Governance Committee received an update on 'NTC Staffing'.

The Staff Governance Committee:

- **Noted the delay in construction completion and the impact on patient care.**
- **Noted ongoing support from, and liaison with, Scottish Government and NHS Scotland Assure in progressing towards building completion.**
- **Noted ongoing support from NHS Greater Glasgow and Clyde to identify patients and agree pathways following local testing.**
- **Noted the temporary plan to provide NTC-FV beds on FVRH site and the workforce implications.**
- **Noted the plans in place to support the workforce into the NTC-FV team and assurance of no detriment to workplace areas being vacated.**

Key points:

- Delay in the construction of the NTC-Forth Valley unit was preventing commencement of agreed activity for NHS Greater Glasgow and Clyde arthroplasty patients. Due to services being unable to commence staff who were primarily employed within the NTC unit had been redeployed into appropriate areas.
- Work was now complete in the development of an Arthroplasty clinical model and patient pathway for NTC-Forth Valley.
- Funding was initially received from Scottish Government on the basis that the NTC unit would be utilised as a 'treat only' model but further developments meant that the unit would now be a 'see and treat' model. Due to the increase in staffing requirements renegotiations were presented to Scottish Government to obtain the full funding necessary to operate this updated model.
- 14 beds within ward B12 were assigned to the NTC unit to support delivery of services but given the delay of opening and the need for contingency beds within the acute site these beds were being utilised by other departments for the time being.
- It was anticipated that the removal of staff from areas within the acute site who were employed to work within the NTC should not be a negative impact on these areas. The staff had provided additional support over and above NHS Forth Valleys core resources and were being funded by Scottish Government. Some teams may notice an impact financially as the addition NTC staffing had allowed for a reduced spend on bank and agency staff to fill the vacancy gaps.
- Concerns were expressed for patient safety and safe staffing levels due to NTC staff being redeployed whilst system pressures were still being felt across the organisation. Assurances were provided that a whole system plan was being considered to remove the use of contingency beds and that NTC staff were additional support on a temporary basis, but no area would be left with an unsafe number of staff.
- Due to a number of factors including financial implications and system pressures it was unclear whether the anticipated opening date of April for the NTC unit would be achieved.
- NHS Forth Valley would not receive any additional funding to cover long term sickness/absence across Anaesthetics or Surgeon posts within the NTC. Therefore, this would lead to a reduction in the number of patients that could be seen due to lack of resources.

8.6 Well Informed Report

The Staff Governance Committee received the 'Well Informed Report'.

The Staff Governance Committee is asked to:

- **Noted the wide range of activities underway across the organisation to support the requirements of the Well Informed Staff Governance Standard**

Key points:

- The staff intranet had undergone a redesign and would continue to be reviewed and updated on an ongoing basis. Work continues to improve the layout, design, content, and accessibility of information for staff across the organisation as well as primary care colleagues.
- The format of the Chief Executive and Executive Leadership Team updates had been updated to include short video clips highlighting current issues, service developments and priorities of the organisation. These developments had been well received by staff.
- Minutes from the Area Partnership Forum were to be included within the intranet. Mr Robert Clark advised he was picking this up outside the meeting with the communications team.

Actions:

- Mr Robert Clark to contact communications team to discuss the area partnership forum minutes being posted on the intranet.

8.7 Public Sector Equality Duties Report

The Staff Governance Committee received the 'Public Sector Equality Duties Report'.

The Staff Governance Committee:

- **Noted the contents of this paper, including public engagement feedback.**
- **Approved our April 2024 to April 2025 Equality Objectives for publication in April 2024.**

Key points:

- NHS Forth Valley Equality & Inclusion Strategy "Everyone Means Everyone" 2021-25 was approved by the NHS Board in November 2021. The strategy ensures that the organisation meets their legal obligations under the Equality Act 2010 (Scotland) to outline their equality outcomes and objectives every four years.
- To allow for a true understanding of the diversity across the organisation a survey had been shared online in which staff were encouraged to participate. To encourage engagement uptake was promoted through various streams including reaching out directly to easy to miss groups and the option to complete the survey in an alternative form.
- 385 people participated in the survey and the results emphasised a broad representation of many factors across the board.
- There was a requirement to improve communication of the work being carried out within the Equality service which included utilising social media, regular updates being posted on the staff intranet and reaching out to communities.
- 45% of respondents confirmed they had experienced barriers when trying to access NHS Forth Valley Services due to accessibility limitations or discrimination.
- Findings from the survey allowed for new objectives to be developed for the Equality, Inclusion and Wellbeing team. These were streamlined to 4 initial objectives to allow to ensure a focus for the extensive work in each area of the key themes identified.

- Committee members collectively acknowledged the impact of the good work being implemented by the Equality, Inclusion and Wellbeing team.
- Concerns were raised about some of the figures presented including how many people had personally felt discriminated against. Miss Rachel Tardito confirmed that the team would be looking to investigate this further to prevent further incidents where possible and would study anonymous case studies to look for any learning opportunities. Linkage with health & safety would be carried out to monitor how reports of discrimination could be done through IR1 reporting within safeguard.
- Engagement and communication with easy to miss groups of people would be of particular focus so that trust within these communities could be developed.

8.8 Internal Control Evaluation

The Staff Governance Committee considered the 'Internal Control Evaluation'.

The Staff Governance Committee:

- **Noted the outcomes of the 2023/24 Internal Control Evaluation.**
- **Noted the action points of specific concern to the Staff Governance Committee.**
- **Noted that some aspects may be relevant in the production of the Staff Governance Committee annual report and assurance statement.**

Key points:

- Key sections within the Internal Control Evaluation (ICE) report that were relevant to the committee's terms of reference was highlighted for consideration.
- Of the 3 action points aligned to the committee, one was deemed significant requiring immediate attention. This corresponded to the refreshed People Strategy 2022-2025. Noted was that the committee were yet to see a finalised report as work was being aligned to the Healthcare Strategy which was being drafted. Assurances were shared that work was underway towards completion of the Healthcare Strategy.
- Reporting within Pentana was improved to allow performance reporting to be strengthened.

9. RISK MANAGEMENT

9.1 Strategic Risk Register

The Staff Governance Committee received the 'Strategic Risk Register'.

The Staff Governance Committee:

- **Considered the assurance provided regarding the effective management and escalation of Staff Governance risks.**
- **Endorsed the Staff Governance Strategic risks for onward reporting to the Audit and Risk Committee and NHS Board**

Key points:

- The three strategic risks aligned to the Staff Governance Committee had been reviewed, with the scores assessed using the revised risk assessment matrix. During this review cycle, the strategic risks aligned to the Staff Governance Committee remain static.
- 13 actions across the 3 strategic risks were identified with 5 of these dues to be completed in Q4.
- There were 2 overdue controls, both related to Primary Care Sustainability risk. These risks would be discussed in more detail at the June meet of the Staff Governance Committee.

- To fully scrutinise the risks identified from the ICE report related to the Staff Governance Committee, consideration should be given to whether there was a need for an additional meeting or if this should be discussed at the September meet.

Action:

- Consider the possibility of an additional meet to allow identified risks from the ICE report to be discussed.

9.2 Health & Safety Quarterly Report

The Staff Governance Committee received the 'Health & Safety Quarterly Report'.

The Staff Governance Committee:

- **Noted the contents of the report as providing assurance regarding health and safety issues for NHS Forth Valley.**

Key points:

- 3,240 adverse events were reported in Q3 which was an increase of 207 from the previous quarter. Although the increase was within tolerance work was underway to understand what caused the significant increase. There had been 1,987 non-clinical adverse events reported which equated to 61% of the total events reported.
- 88% of adverse events were reported within the 3 day target and 65% of adverse events were reviewed within the 9 day target. Compliance targets for reviewing adverse events within 9 days remained significantly below the expected target so an educational piece of work was being developed to assist managers where necessary in the aim of increasing compliance.
- Excellence reporting was a new development being reported to the Staff Governance Committee for the first time in which employees could report staffs good work based on a number of themes. There had been 236 events reported.
- Training Compliance against Manual handling had decreased by 6% and Management of Violence & Aggression had also decreased by 2%. Both areas remain below the 90% compliance target requirement.
- 7 control book audits were carried out in Q3 and scores ranged between 40%-91% achieving a 61% average compliance score. Of the total 95 control books audited only 52 control book holders shared an action progress update when requested.
- Committee members were advised that the current control book system would hopefully be undergoing a redesign to make the system more intuitive for control book holders.
- Concerns were raised against RIDDORs being generated from acute for violence & aggression and whether staff were appropriately trained to deal with such situations. Ms Amanda Croft advised that review of training was formally built into performance reviews and conversations were underway with Mr Garry Fraser to determine the best route of action to improve compliance.
- The excellence reporting was highlighted as a positive addition to reporting. It was agreed that further work with communications would be carried out to raise awareness of the new reporting tool.

10. For Noting

10.1 Area Partnership Forum Minute 21/11/2023 & 19/12/2023

The Staff Governance Committee **noted** each of the Area Partnership Forum Minutes.

10.2 Acute Services Partnership Forum Minute 25/01/2024

The Staff Governance Committee **noted** the Acute Services Partnership Forum Minute.

10.3 Facilities and Infrastructure Partnership Forum Minute 14/12/23
The Staff Governance Committee **noted** the Estates and Infrastructure Partnership Forum Minute.

10.4 Joint Staff Forum Clackmannanshire & Stirling HSCP Minute 21/09/23 & 30/11/23
The Staff Governance Committee **noted** the Joint Staff Forum Clackmannanshire & Stirling HSCP Minute.

10.6 Health and Safety Committee Minute 14/11/23
The Staff Governance Committee **noted** the Health and Safety Committee Minute.

11. ANY OTHER COMPETENT BUSINESS

Mr Allan Rennie took the opportunity to thank Ms Hilary Nelson for her contributions to the Staff Governance Committee and wish her congratulations on her future endeavours as she would be leaving the organisation after 20 years of service.

There being no other competent business the chair closed the meeting.

12. DATE OF NEXT MEETING

Friday 14 June 2024 in the Boardroom, Carseview House (hybrid)

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

9.6 Area Clinical Forum Draft Minute: 21/03/2024
For Assurance

Chair: Mrs Kirstin Cassells, Non-Executive Director

Minute of the **Area Clinical Forum** meeting held on **Thursday 21 March 2024 a**t **6.15pm** via MS Teams

Present:	Kirstin Cassells (Chair)	David Herron	Gillian Lennox
	Liz Kilgour	Oliver Harding	Rhona King

In Attendance: Sarah Smith, Corporate Services Assistant/PA *(Minute Taker)*

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1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Apologies for absence were noted on behalf of: Wendy Nimmo. Dr Oliver Harding was welcomed to the meeting, noting he was new Chair of the Area Medical Committee. Introductions were undertaken.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Area Clinical Forum meeting held on 20 April 2024

The Area Clinical Forum approved the minute from 20 April 2024.

4. Matters Arising from the minute/action log

The action log was discussed and both actions were now complete.

Dr Herron highlighted the Clinical Guidelines page on the Intranet had been made accessible through a Microsoft 365 link.

Clinical Portal access was discussed at a recent meeting with access for independent contractors being progressed. A Dental Advisor had stated Dental Practices did not require access to Clinical Portal currently. However, Gillian advised this was not the feedback from the majority of the Dental community and she would follow up and raise at the Area Dental Committee.

Dr Herron advised the Information Commissioners Office released a publication stating that GP Practices, as Data Controllers for GP data would be held responsible for any breach involving their data. In January 2024, General Practice wrote to the ICO clarifying their different understanding. A response was still awaited. The National GP

advice was currently that access should not be extended until reassurance was provided. Conflicting guidance was noted, as
Ms Cassells noted a circular from SG mandating Boards to provide Independent Contractors access to ECS. It was confirmed that work would continue, while recognising these caveats and potential future impact around access.

4.1 Safe Staffing

This was noted as a standing Agenda item to enable updates on developments.

For Pharmacy, Ms Cassells noting significant work within the managed sector. The focus was on having something in place for 1 April 2024, which would enable reporting on real time staffing levels. This would also enable escalation around any perception of unsafe staffing levels. No further information had been circulated that impacted Independent Contractors.

Within Dentistry, a National QI Project would be undertaken to look at manpower levels within Dentistry. Outcomes were not clear, but this would be a mandatory project for all GDP's with information out from 1 April 2024.

5. ACF Committee Planner

The Committee Planner was discussed and noted.

6. FOR DISCUSSION

6.1 Digital & eHealth Strategy/Digital Plan

Unfortunately, Scott Jaffray had been unable to attend the meeting and this item would be carried over to the May meeting.

7. FOR NOTING

The Area Clinical Forum

- **Noted the minutes of the reporting groups as presented.**

7.1 Area Pharmaceutical Committee 06/12/23

Ms Cassells advised the February was not quorate. For the December meeting topics discussed included Flu/Covid vaccinations within Community Pharmacies. An update was provided around Safe Staffing and how this would look within the various sectors of Pharmacy.

An update was provided from ITC colleagues around the new system 'Neo' implemented in Community Pharmacies. This was an overarching system, with a module developed around Medicines Assisted Treatment. This would issue electronic alerts to the Substance Services mailbox for patients who had missed doses. Ongoing implementation work was noted.

7.2 Psychology Advisory Committee 15/11/23

The minutes from the Committee were noted.

7.3 Area Dental Committee 28/11/23

Ms Lennox advised the last meeting took place in January 2024, with minutes to come to the next ACF. Progress was being made against the waiting times within Orthodontics, which was taking pressure off the Hospital service. Challenge remained around General Anaesthetics within the Paediatric Dentist Service as Theatre slots were cancelled frequently due to emergency requirements. A new payment system came into the General Dentistry System on 1 November 2023 with data awaited. Concern was noted around budgetary position.

7.3 GP Sub Committee 16/01/24 & 20/02/24

Dr David Herron highlighted discussion around lab phoning limits. The change had been supported with caveat that all abnormal results should be returned to requester. As part of the new GP contract, Practices were provided with sustainability loans to aid in funding premises. In January 2024 payments were stopped with no announcement. This had been a commitment of £50m, with £10m every 5 years. Financial challenge for Practices was recognised.

Challenge was also noted around Scottish Government and employer contribution to Superannuation. This had increased by 1.6 % on 1 April 2024. Impact was noted for employers, with a £10m impact across Scotland due to reduction in front line services to offset payments.

7.5 Area Medical Committee 23/01/24

Dr Oliver Harding provided an update on the recent Area Medical Committee. He was not present but recommended the note to the meeting. It was confirmed he had taken up the role of Chair for a period of 3 years. The next meeting would be held 26 March 2024. Dates had been reviewed to align with the NHS Board meetings, which would enable the AMC to provide their feedback through Ms Cassells and the ACF.

7.6 Area Nursing and Midwifery Advisory Committee 05/02/24 & Constitution

The ANMAC held their inaugural meeting on 5 February 2024. The Constitution was reviewed at that meeting and was presented to the ACF for information.

7.7 Area Optical Committee 19/02/24

Ms Rhona King noted discussions around sharps supply and disposal for Community Optometrists. Little progress had been made due to lack of Optometric Advisor support for the proposal. The future savings were recognised, with minimal funding required.

The next meeting would be held in May 2024 with Mr Iain Livingstone attending to discuss 'Open Eyes'. This was a hospital programme aimed at being rolled out through Community Optometrists. This would enable uploading of large amounts of data for referrals. Current provision was through SCI Gateway with limited functionality.

Teach and Treat Clinics had been established which were NES funded. These were primarily used for IP Clinical Placements. Funding had been cut for Forth Valley, with confirmation awaited around budget. Glasgow and Lothian had not had their budgets reduced, however these were longer running programmes.

7.8 Healthcare Science Local Forum 30/01/24

Ms Kilgour advised the meeting in February 2024 was cancelled as it was not quorate. The focus of the meeting in January 2024 was around Safe Staffing Implementation.

Amanda Croft, Interim Chief Executive, had attended Labs in late January, with discussion around Healthcare Science, Leadership of Scientists and future direction. Resultantly, Andrew Murray had a meeting with Catherine Ross, Chief Scientific Officer, for Scottish Government. This focussed on position within the Boards around scientific leadership. Ms Kilgour confirmed she would meet again with Andrew Murray on 8 April 2024.

An Implementation Group had been established for the Audiology Independent Review, to implement findings. Forth Valley representation was noted.

In terms of Education, post graduate funding has been cut by NES which was very disappointing.

A National Healthcare Science National Strategy paper was published recently. A Policy Lead was in place in Scottish Government, noting this would be template for workstreams going forward. Areas of focus included education; workforce; quality safety and assurance; leadership; visibility and system leadership. These reflected the focus areas within NHSFV. Further information was anticipated at the Leads meeting to be held in April 2024.

8. FOR APPROVAL

8.1 ACF Annual Report

The Area Clinical Forum

- Approved the ACF Annual Report for onward forwarding to the NHS Board.

Key Points:

- The Annual Report outlined the business covered during the financial year March 2023 to April 2024.
- The attendance and business for the March meeting would be added following this meeting.

8.2 ACF Terms of Reference

The Area Clinical Forum

- Approved the Terms of Reference

Key Points:

- Vice Chair for the ACF would be added to the Agenda for the next meeting.
- Previous amendments were highlighted in the document and these were accepted.

9. BETTER GOVERNANCE

9.1 Board Agenda

The Board Agenda was reviewed, noting the meeting would be Chaired by Mr Allan Rennie, Non-Executive. An interim Chair has been appointed to the Board, Neena Mahal, MBE DL, and her significant public service experience was noted.

Culture Change and Compassionate Leadership work was discussed, with potential for focus within the Area Clinical Forum, noting its significant priority within the Board. Dr Harding outlined his attendance at a recent feedback session noting information shared had been very powerful. There had been 6 areas of improvement, with communication as a cross-cutting item. Dr Harding proposed bullying and incivility should be top priorities for these areas.

The Forum were fully supportive of the ongoing work, recognising the significant challenge within NHS Forth Valley. The Forum agreed that once available, an update would be requested.

Dr Herron advised the Forum that GP Leavers had been interviewed over the last 18 months. A report would be finalised by June 2024. Benefit around understanding recruitment and retention challenges were noted.

An independent review was taking place around Audiology. Challenges within the service was noted around staffing with ongoing mitigation. The Forum recognised the ongoing commitment of staff within these small services.

As part of the NHS Pay Deal, there was a reduction in the working week for all Agenda for Change Staff. Ms Cassells advised an Options paper has been presented to ELT for discussion around implementation. It was proposed that this would be added to the Agenda for the next meeting. If no update was available, HR colleagues would be invited to attend.

Action: Admin

There were no areas of AOCB raised. Ms Cassells thanked everyone for their input and contributions.

There being no other competent business, the Chair closed the meeting at 7.09 pm.

10. **Date of next meeting:** The next meeting would be held on Thursday 18 July 2024 at 6.15 pm.

DRAFT

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

9.6 Area Clinical Forum Minute: 22/01/2024
For Assurance

Chair: Mrs Kirstin Cassells, Non-Executive Director

Minute of the **Area Clinical Forum** meeting held on **Thursday 25 January 2024 a**t **6.15pm** via MS Teams

Present:	Kirstin Cassells (Chair)	David Herron	Elizabeth Kilgour
	Gillian Lennox	Gillian Lennox	James King
	Rhona King		

In Attendance: Amanda Croft, Interim Chief Executive, Item 6.1 only
Sarah Smith, Corporate Services Assistant/PA *(Minute Taker)*

1. Apologies for Absence/Confirmation of Quorum

The Chair welcomed everyone to the meeting and confirmed the meeting was quorate. Kirstin Cassells thanked everyone for attending on this re-arranged date.

Apologies were noted from Lucy Risk and Andrew Murray.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft minute of Area Clinical Forum meeting held on 9 November 2023

The note of the meeting held on 9 November 2023 was approved as an accurate record.

4. Matters Arising from the minute/action log

- Safe Staffing – The ACF had agreed this would remain on the Agenda as a standing item. Kirstin provided an update on the questions raised following Frances' presentation at the last ACF. This was as follows:
  - 150% Agency cost limit would not apply to Independent Contractors
  - Reporting expectation for Independent Contractors was limited to confirmation of compliance with legislation.
  - For new Contractors to the Board compliance would be part of the contract set-up.
  - Nicola Wood has not linked in with Rhona King. To be followed up. **Admin**
  - Safe Staffing Presentation to be circulated. **Admin**
  - Common Staffing Method Triangle to be circulated. **Admin**
- Version 3 of the Assurance and Improvement Plan had been circulated.
- Community Planning Sharps Service – Kirstin confirmed she would follow up to ensure information was sent to Rhona King.

5. ACF Committee Planner

The Committee Planner was noted as presented. Population would continue throughout the year.

6. FOR DISCUSSION

6.1 Interim Chief Executive – update on Escalation

The Area Clinical Forum received a verbal update on Escalation, led by Mrs Amanda Croft, Interim Chief Executive. The size of the document was noted, recognising the challenge in sharing. Work was ongoing to provide an updated document on the Intranet and external Internet.

Ms Croft advised the external Governance Review had been undertaken, along with the outcomes of the self-assessment that had to be undertaken around the Blueprint for Good Governance. The utilisation of an External Facilitator was noted.

Work had been underway since January 2024 around mapping of actions from these pieces of work to consolidate and map against each other. An additional 24 actions had been added to the Assurance and Improvement Plan mainly around Governance, but also Leadership and Culture. This work was taken to the Escalation Performance and Resources Committee on 19/01/24 where the additional actions were accepted. The Scottish Government Assurance Board would be held on 26/01/24 and the updated actions would be presented to the NHS Board for approval on 30/01/24.

In terms of Culture, work was continuing around the Compassionate Leadership Programme with a huge number of staff and volunteers involved. Process was underway to produce an Action Plan with staff and senior leaders. This would determine steps required. Ms Croft confirmed as Leaders, the focus should be on role-modelling the behaviour we would want to see. The evidence demonstrated this as the best way to change Culture.

The Leadership work was continuing to be developed within the Executive Leadership Team (ELT). Assurance was provided around robust, challenging and mature conversations with decisions being made. The next focus would be on the Whole Systems Leadership and embark on a programme around how to develop Leaders to work across the whole system. This work would commence in February and be led initially by the ELT with cascade throughout the organisation. Ms Croft was keen this was not undertaken in a hieratical leadership way, noting the positive work being undertaken by a number of informal leaders. This would enable consideration of the wider complex problems within the system and how these can be resolved as a whole system.

7. FOR NOTING

7.1 Area Medical Committee 28/11/23

Dr James King confirmed 2 meetings of the Area Medical Committee had been held, with the second being 23 January 2024. The first meeting informed new members around the purpose and role of the meeting. Mr Andrew Murray updated on the Health Board's special measures. A GP Sub update was provided by Dr David Herron. The meetings had been Chaired by James King and Andrew Murray respectively, with 1 nomination received for the post of Chair. If successful they would then attend the Area Clinical Forum as the AMC representative. The ACF noted the positive progress and awaited confirmation of the

appointment. The significant contribution made by James King to the ACF and the AMC as well as the organisation as a whole was also recognised.

7.2 Area Optical Committee 28/09/23

Ms Rhona King informed the Committee no meeting had been held since the 30 October 2023. The requirement for admin support was required due to a change in job role. Jackie McEwan, Corporate Business Manager, was taking this forward. The ACF noted the commitment made by the Board to ensure all reporting Advisory Committees had admin support.

7.3 GP Sub Committee 20/06/23
7.4 GP Sub Committee 15/08/23
7.5 GP Sub Committee 19/09/23
7.6 GP Sub Committee 17/10/23
7.7 GP Sub Committee 21/11/23

An update on the GP Sub Committee was provided by Dr David Herron. He noted the last meeting was held on 16 January 2024 with a verbal update provided.

An interface document had been prepared with the input of the LMC; Andrew Murray and Primary and Secondary Care Clinical Leads. This outlined good communication across the Interface. It had been highlighted that much of the communication to Primary Care was through roles such as ANPs or Junior Doctors. It was therefore felt there had been an insufficient profile of this document across all Clinicians. It was agreed the link would be forwarded to Kirstin Cassells with potential to request inclusion on the intranet page.

Pathways working was another area of discussion, with the Committee receiving 4 different proposals/changes, with only 1 having full GP and Secondary Care involvement. A lack of awareness around stakeholder involvement was noted.

Dr David Herron also highlighted the Comms Campaign around encouraging people not to attend ED. The view of the ACF was being sought as it was felt this was now becoming damaging to the population. The attendance at NHS FV ED was below any other Health Board in Scotland.

Dr James King confirmed this had been discussed at the Clinical Engagement meeting held today. He highlighted the impact of ED messaging within his Practice, with a number of ambulances attending to collect patients who should have called 999. He recognised a number of patients that had advised they were too scared to attend ED. It was also noted this had been highlighted at the Covid Enquiry, with a number of witnesses highlighting their fear of using the Health Service.

Ms Liz Kilgour provided Duty Manager feedback noting the significant challenges being experienced on the Acute site. Issues in relation to safety on site was highlighted as well as the number of additional contingency beds open.

Mrs Kirstin Cassells confirmed she had taken notes on the discussion and would take the opportunity to raise this at the Board meeting. **Action: Kirstin Cassells**

Ms Gillian Lennox reiterated the issue with many independent contractors now having access to the Intranet. They were therefore unable to see the Board wide messaging. Requests had been made, but advice received was it would be 'too complicated and was not within remit.' Gillian outlined her role as Practice Inspector, noting she was unable to

access her pay slip online. It was confirmed that Gillian was attending the Clinical Portal Access meeting, with potential to raise this at this Forum.

Ms Geraldine Law highlighted Pathway work, noting AHP had not been sighted on MaRG (Multi-agency Resolution Group) with Ros Grant (Operational Manager) providing an update to the AHP Group next week. Contact had also been made by Teresa Cannavina and Kathleen Brennan around collaborative working to develop pathway work. The need for GPSC involvement was acknowledged and recognised.

7.8 Healthcare Science Committee 14/11/23
7.9 Healthcare Science Committee 10/12/23
7.10 Healthcare Science Committee 16/01/24

An update was provided by Ms Liz Kilgour who outlined the focus on Safe Staffing and encouragement of engagement, particularly around some of the smaller groups. Risks have been included within the Risk Register to ensure awareness of the Oversight Group.

Involvement in the HIS and NES Generic Real Time Staffing Tool was noted. Future mandatory reporting was noted with work underway around the best way to complete this.

A lack of National work was noted with no meetings over Christmas. There was now a Policy Lead for Healthcare Science at Scottish Government with a Strategic document being drafted outlining the direction of travel for Healthcare Science. The need for focus and Board appointments were noted.

The new Scottish Strategic Network for Diagnostics was highlighted, which would work with the Managed Clinical Networks across all of diagnostics. Output was awaited.

7.11 Psychology Advisory Committee 15/11/23

There was no representative at the meeting, so the minute was noted as circulated.

Area Dental Committee
A verbal update was provided by Ms Gillian Lennox who noted the last meeting was held on the 28 November 2023 with minutes to be presented to the next ACF.

It was confirmed the main area of challenge remained around waiting times, especially around Oral Surgery with a wait for routine appointment being around 12 months. Extra Clinics were being run however there was an inability to keep up with demand.

Problems were also being experienced with children in General Anaesthetic sessions, with frequent cancellations due to emergency requirements. This had extended the wait time to 6-9 months for those requiring treatment.

Streamlining of process for Clinicians coming in to work in the Out of Hours Service was ongoing, due to a currently laborious process for new practitioners.

In terms of General Dental Practice, the position was more positive, with a new Dental Contract implemented from 1 November 2023. Feedback was anticipated from Scottish Government in the next 2-3 months. Areas of concern were around budgeting for the new system. Assurance had been provided around there being no clawbacks, but confirmation was awaited. The new system appeared to be working well with teething problems around some software with a multitude of companies involved and individual issues being

experienced. The Chief Dental Officer had confirmed if the budget had increased, it meant that more Dentistry was being done, with a cost per item of work.

Allied Health Professionals
A verbal update was provided by Ms Geraldine Law who noted a focus around Safe Staffing. A Project Manager had been appointed to provide assistance. Work had been ongoing around the Common Staffing Tool which was heavily weighted towards a Nursing model, with AHP's working across a number of areas. Therefore, work was ongoing to develop a form that was quick and easy with a number of working parties to be formed.

The first run through of the legislation had been undertaken with matching against this. However, focus would be on establishing a common staffing tool to work alongside this and provide the triangulation.

Recruitment and retention remained an area of challenge, particularly around Physiotherapy on the Acute site. There was insufficient baseline staff, therefore escalation was being undertaken with addition to the Risk Register.

Work was ongoing to ensure services remained safe. Waiting times for outpatients and scheduled care were breaching 18 weeks across all disciplines. This was due to a mismatch between demand and capacity.

Area Pharmaceutical Committee
A verbal update was provided by Kirstin Cassells, noting an update on Safe Staffing and understanding of impact on different elements of the profession. A lack of awareness had been noted within the Independent Contractors.

8. FOR APPROVAL

9. BETTER GOVERNANCE

9.1 Draft Board Agenda

The ACF were advised the next Board meeting would take place on 30 January 2024. The content of the Agenda had been circulated and the items were reviewed and discussed. It was confirmed that the previously highlighted concerns around the ED safety and messaging would be highlighted during the Performance Report.

There was a Communications update on the Agenda and it was proposed that the Interface Document request be discussed at this point.

There were no further items of concern raised.

10. AOCB

It was noted this would be Dr James King's last meeting and thanks were expressed for his many years of contribution and support. Dr King thanked all current and previous ACF members for their support and assistance.

11. DATE OF NEXT MEETING

The next Area Clinical Forum meeting would take place on 21 March 2024 at 6.15 pm, via MS Teams.

9.7 AREA PARTNERSHIP FORUM
Tuesday 21 May 2024

Item 3 **DRAFT** Minute of the Area Partnership Forum meeting held on Tuesday 23 April 2024 at 2 pm, via MS Teams.

Present:
Robert Clark, Employee Director (Chair)
Carole Murray, Royal College of Nursing Officer with Employment Relation Team
Elaine Bell, Associate Director of HR (Operational, Staff Governance, Occupational Health & Workforce Information)
Emma Small, RCN FV Rep
Garry Fraser, Director of Acute Services
Gillian Morton, Director of Midwifery
Gillian Tait, Senior RCN Officer
Janet Sneddon, RCM
Jennifer Borthwick, Director of Psychological Services & Head of Clinical Services for Mental Health and Learning Disabilities.
Julie McIlwaine, HR Service Manager, Operational HR
Karen Goudie, Director of Nursing
Kevin Reith, Interim Director of HR
Laura Byrne, Director of Pharmacy
Linda McGovern, Associate Director of Human Resources (Organisational Development; Learning Training and Development; Culture & Quality and Diversity)
Lynsey Walker, Dietetics
Morag Farquhar, Director of Facilities
Nicholas Hill, GMB Representative
Scott Urquhart, Director of Finance

In Attendance:
Charlie McCarthy, Chair of FV Unison (for Karren Morrison)
Ross Cheape, Service Manager for Inpatient, Emergency, Forensic and Peri-Natal Mental Health
Norah Quinn, Senior Nurse, Learning Disability Forth Valley Services
Rachel Tardito, Equality, Diversity and Wellbeing Lead
Scott Jaffray, Director of Digital
Sarah Smith, Corporate Services Assistant/PA (minute)

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1. Apologies for Absence/Confirmation of Quorum

Introductions were undertaken with new members, Emma Small and Gillian Tait welcomed. Apologies were noted on behalf of: Amanda Croft; Elaine Macdonald; Lorna Dougans; Margaret Kerr; Karren Morrison; Linda Robertson.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft Minute of Area Partnership Forum meeting held on 19 March 2024

The note of the meeting held on 19 March 2024 was approved as an accurate record.

4. Action Log

The action log was reviewed and would be updated as follows:

25 – Sturrock – meeting arranged with further development of conversations.. Paper to be brought to May 2024 meeting.
35 – Noelle McKay, Employability Manager, to attend May meeting to present a paper.
36 – (Post meeting note – it was confirmed that John Ratcliffe, Board Secretary, had not yet attended the APF. A further invite would be extended for him to attend and update on Committee work being undertaken within the Board).
39 – Attendance Action Plan – COMPLETE
43 – Facility Time – Mr Reith advised agreed facility time changes made to accommodate a number of moves following Hilary Nelson leaving the organisation. This action would be closed pending Linda Robertson's confirmation of finalised changes.
44 – Dismissal Hearings – Ms Bell advised work was progressing in partnership with a proposal ready for the May/June 2024 APF.
45 – Reduction in working week – Action could be closed with agreement a standing item would be added to the Agenda.

5. Matters arising from the minute/action log

Action 45 was further discussed and it was agreed this would be closed, recognising a standing Agenda. The action log was updated to reflect this decision.

6. Assurance & Improvement Plan Escalation Update

The Area Partnership Forum
- Confirmed their assurance around the Assurance & Improvement Plan Escalation Update

Key Points:
- Mr Reith advised the Assurance and Improvement Plan required completion as part of the Escalation process. The Escalation update document provided a high-level overview of the Plan and had been presented to a number of Committees, including previous iterations to the APF.
- The APF were advised of ongoing work around the third iteration of the Assurance and Improvement Plan. The role of the Assurance Boar was noted.
- The overview section of the document outlined the main focus areas of the Plan and provided high level update around the actions, noting 32 of 35 were complete with 3 outstanding.
- The significant work undertaken was noted, with much of this providing a foundation for work that would continue beyond the plan across a number of areas, particularly the Culture work.
- A significant portion of work had been successfully completed and a new iteration would be taken to the Escalation Performance & Resources Committee in May 2024 and then to the Assurance Board for further reporting.
- It was intended this document would support the future de-escalation of NHS Forth Valley.
- Auditor involvement was noted with potential adjustments to wording being seen by action owners. This was part of the ongoing assurance work.
- Mr Reith confirmed the assurance framework had been reviewed and work was being led by the Board Secretary, Board Chair and Head of Policy and Performance. This would ensure exemplary working across all areas of Governance.
- The Forum was provided with assurance around the Board's commitment to this work.

7. FOR APPROVAL

7.1 Change to on-call Nurse Manager Arrangements – Mental Health & Learning Disability Services

The Area Partnership Forum:
1. Approved the change to the remit of the on-call Mental Health Nurse Manager to include Loch View in addition to the Mental Health Service.

2. Approved the change to the on-call arrangements for Loch View – This would mean future appointments to the posts of Band 6 and Band 7 Nurses would no longer have on-call commitments, although there would be no change for those currently in post.
3. Confirmed there was no requirement to present any further information to the APF.

Key Points:

- Mr Ross Cheape advised he was presenting the paper on behalf of Anne Cook, Service Manager.
- The paper proposed a consolidation of the existing on call manager arrangements across Mental Health and Learning Disabilities.
- The current arrangements were outlined noting separate on-call rotas for both Mental Health and Learning Disabilities Inpatients. The former was a larger group consisting of B8A and above. The latter was a small group comprising Band 6, 7 and 1 Band 8A.
- The proposal was an expansion of the remit of Band 8 Managers to include covering Lochview as part of their on-call remit during out of hours and weekend. There would be no change to arrangements for current staff participating in on call within Lochview, except for the current 8A who will move onto the MH on-call rota. On call would be removed from future Band 6 and 7 appointments that would become vacant through natural attrition.
- It was anticipated this change would provide clarity around escalation and oversight
- The current position for Lochview is, for example a Band 6 on-call for Lochview that reports directly into the on-call Executive, with no other senior nursing management oversight. This change would enable better support of staff on the site through access to the on-call nurse managers' rota.
- In terms of Finance, the proposal would be cost neutral with no changes to Terms and Conditions.
- The proposed changes were welcomed by all staff with consultation undertaken with staff side colleagues. Further consultation and implementation would be undertaken following approval.

7.2 Shift patterns for Nursing Staff, Lochview

The Area Partnership Forum:

- Approved a change to working patterns on a permanent basis for the Learning Disability In patient services to a blended model of shift work.

Key Points:

- Mr Ross Cheape advised the paper had been drafted by Ann Cook with consultation of staff side colleagues and engagement of the Nursing Team in Lochview.
- The paper outlined a test of change in place since May 2022, implementing a 12.5 hour shifts across Lochview. This had been introduced as a result of recruitment difficulties and staff feedback.
- The majority of staff had elected to change to the extended shifts and the service had been able to deliver a blended approach of shift patterns to all staff.
- An evaluation of the new shift pattern was provided within the paper with overall benefits seen around staff wellbeing, clinical care and recruitment. In terms of absence, there was a higher rate for those on core shifts.
- Following the changes, no concerns had been raised by staff and there had been no detriment to continuity of care.
- Feedback had also been received from other professionals and was noted within the paper.
- A similar test of change was currently underway within Mental Health and patient areas.
- Ms Norah Quinn confirmed that all staff interviewed requested to remain, or transfer onto the long shifts. This included newly qualified Nurses.
- A similar test of change was currently underway within Mental Health and patient areas.
- Clarity was sought around future proofing, particularly around the reduction in the working week. Mr Cheape confirmed the expectation was an easier introduction of the changes to the longer shift pattern.

- Ms Quinn highlighted the role of Abby Thomson, Senior Charge Nurse, who had driven this work forward along with the Staff Side Rep.
- The paper was recognised as an exemplar paper by the Forum. The significant engagement recorded was praised, noting this evidenced the views of staff within the service and also of other colleagues and professionals The benefit to staff, colleagues and patients was recognised.

7.2 Supporting Neurodiversity in the workplace

The Area Partnership Forum:
- approved the recommendations put forth within this paper by the Neurodiversity working group.

Key Points:
- Ms Tardito outlined the reason for the paper being brought to the APF.
- Statistics and studies were outlined that recognised an increasing number of staff identifying as neurodivergent. A significant percentage had negative experiences within the workplace and an increase in requests for support were also being received.
- It was agreed that Neurodivergence required exploration as part of the entire Equality Inclusion and Wellbeing Agenda and within the scope of other protected characteristics.
- Contribution from the Neurodivergent community was required to provide guidance and education around individual needs. However, staff required a psychologically safe environment to enable this.
- Ms Tardito outlined the recommendations emanating from the short life working group. This included an increase in focus and ensuring Senior Allyship.
- A Disability and Neurodiversity Staff Network required to be established with a commitment agreed around joint working.
- Adoption of Ability Passports was also proposed which would be owned by staff. An illustration example was provided within the paper. Following development, this would be brought to the APF for approval.
- It was agreed Neurodiversity in the workplace information should be provided as standard. Work in this area was progressing within recruitment and learning and organisational development.
- Resource support would also be provided to widen learning opportunities. Initial sessions had been established at a cost of £20 per person, with Ms Tardito's service funding an initial 2 sessions. These would be undertaken by lived experience facilitators.
- The Forum recognised there may be some staff presenting with neurodivergent issues but unable to receive a diagnosis. Ms Tardito confirmed these staff would be covered under the Equality Act. The Ability Passport would also be undertaken with a person-centred approach and would not be reliant on a diagnosis.
- Challenges within systems were noted, with Ms Tardito confirming the role of the Disability and Neurodiverse staff network in highlighting these issues to the service. The group would also be able to provide guidance on accessibility.
- The Forum acknowledged that this was an emergent area with work ongoing to adapt and develop with requirements.

8. BETTER VALUE

8.1 Finance Report

The Area Partnership Forum
- Noted the finance report as presented.

Key Points:
- Mr Scott Urquhart confirmed break even had been achieved for 2023/24, with a small underspend noted against a budget of £861.5m. This was subject to audit review and

work was progressing around annual accounts. This position was provided on a non-recurrent basis.

- The 2024/25 plan had been approved by the NHS Board and Scottish Government. This confirmed a £50m savings requirement with an identified £44m and gap of £14m. A similar position was noted for other Boards.
- A Financial Sustainability Oversight Group met regularly and reported to the Performance and Resources Committee.
- A number of staff briefs had been issued, with a Q&A Session arranged for 2 May 2024. This would provide an opportunity to ask any questions around the financial position.
- In terms of the Agenda for Change non-pay items, Scottish Government had allocated £200m non recurring monies across Scotland as an initial funding stream. The NHSFV share was £10m and costs would be closely monitored with a workstream in place to look at capturing costs.
- Assurance was sought around the Nursing Workforce, with confirmation a Safe Staffing Oversight Group has been established, led by Professor Frances Dodd. Part of this group's remit was to ensure an understanding of resource implication to enable meeting of requirements. Locally there was a need to ensure that delivery was efficient, cost effective and maximised resource. The complexity of the landscape was recognised. Mr Reith confirmed commitment to consolidate core Nursing establishment, recognising applicability to all areas. A proactive approach was being undertaken within NHS Forth Valley to build an establishment in each area. Consideration of safe staffing and consolidation was also required along with a need with a need for future proofing.
- Ms Goudie outlined the Nursing Workforce Review was currently underway and focussed on all areas. The outcome aim was to triangulate date with Nursing Workforce tools where available. Analyst support was being provided by Healthcare Improvement Scotland to obtain quality data for all Boards, with benefit outlined. The Forum requested staff side involvement, which was agreed. Outputs from this work would be brought to the June meeting. **Action: Karen Goudie**
- The Forum praised the Staff Briefs and requested these continue.
- APF colleagues were requested to encourage colleagues to attend the Finance Q&A Session on 2 May 2024.

9. BETTER WORKFORCE

9.1 Worksmart Steering Group - Introduction

The Area Partnership forum

- Noted the presentation as presented.

Key Points:

- Amanda Croft, Interim Chief Executive, had asked Scott Jaffray to lead this work on behalf of the organisation. The aim being to bring a number of workstreams together to provide an improved workplace environment. Original focus had been within digital, but the remit had expanded.
- In order to take this work forward there were a number of questions that required to be answered. These focussed around staff requirements, with proposed staff questionnaire.
- Access was a key area, particularly around digital tools. The Digital Workplan had recently been approved by the ELT and the main focus areas were outlined.
- Communication tools were also required, with the Voice Business Case outlined. This was focussed around improving productivity and efficiencies.
- Assurance was provided that Neurodiversity would be considered as part of core needs.
- Principles would be established which would include accommodation, recognising a number of clinical areas being used for offices which was expensive and not appropriate.
- Early-stage Objectives and Outcomes were outlined, noting approval from the group was still required. The aim would be to undertake these areas as a programme of work.

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- The Worksmart Steering Group had met with the early-stage attendance outlined. Gaps were noted and staff side representation requested. Mr Clark confirmed this would be discussed at the next Staff Side meeting on 6 May 2024.
- Assurance was provided that the work would be staff centric, an example being provided of Scott's own area, outlining configuration and requirements.

9.2 Agenda for Change Pay Review Implementation

The Area Partnership Forum
- Noted the update around each of the three workstreams.
- Recognised this would be a standing Agenda item for future meetings.

Key Points:
- Mr Kevin Reith noted the requirement to standardise reporting. The option of a highlight report would be followed up outwith the meeting.
- Workstreams had been established for the three key areas. Workstream Lead Management and Staff Side were outlined and a brief update provided.

Reduction in the working week – Elaine Bell and Janet Sneddon
The first Oversight Group meeting would take place 24/04/24 with Terms of Reference and membership to be agreed. Updates would be provided by SSTS, eESS and Payroll noting significant system impact. 2 DL's were issued outlining Frequently asked questions. A significant amount of feedback had been received through HR Connect and to Staff Side colleagues and these were being themed for review at the meeting. In terms of National Guidance, an updated conversion table for part time hours had been received today from STAC. Monitoring and reporting around implementation of progress would be undertaken monthly to APF and to Staff Governance Committee. Completion dates of late summer/early winter were anticipated for rostered and non-rostered staff. This would be for the initial 30-minute reduction. Updating of SSTS rosters was a common question and Ms Bell confirmed a meeting this afternoon with communication to be circulated thereafter. **Action: Elaine Bell.** It was confirmed that each service area required to undertake locally agreed changes and any dispute should have local arrangement in place to resolve. Ms Bell confirmed the move to 36 hours would not be undertaken until the 37-hour working week was implemented and evaluation done. Complexity was noted around staff having more than one post. It was anticipated the revised table would address this. Comms were requested to provide assistance to managers.

Protected Learning Time – Linda McGovern and Nick Hill
An initial meeting had taken place with NHS Forth Valley in a unique position, having a policy in place around protected learning time. This had not been fully successful and review would be undertaken to identify challenges. An oversight group would be set up with terms of reference to be agreed. A circular had been issued with information requested, with additional expectation in 6 months time. Review was required around eRostering and correct codes with need for evidence that staff were receiving the required time. This should be evidenced through an increase in PDRs and mandatory training. Ms Goudie noted that within Nursing, the blueprints were calculated in a way that built in protected learning time. This may aid in future work.

Band 5 Nursing Review – Michael Brown and Charlie McCarthy
Mr Reith advised he was on the National Job Evaluation Sub Group. National development work was awaited. Current work was ongoing to develop the Portal which would be the application process for all B5 Nursing Staff requesting review. This was being built on a National level but managed locally. The request from the STAC Secretariat was this to be user friendly with testing undertaken. Work was continuing at pace but may extend beyond 01/05/24. In terms of Job Evaluation within NHSFV a backlog remained along with the Band 5 to 6 review. Resource implications required consideration in order to continue the positive

work undertaken to date. Ms Byrne highlighted an opportunity to share key information with all staff to aid in understanding the position.

In conclusion, the following was agreed:

- Reduction to 37 hours should be undertaken as quickly as possible to minimise financial impact.
- For Band 5 to 6 review, any Comms would require to clarity the staff groups affected.
- The potential for increase in job review outwith the National work was noted.
- APF noted the need for robust Governance. In terms of the Escalation Assurance Board, partnership working was being reviewed and this was recognised as a good example that could be highlighted.

10. FOR NOTING

10.1 Circulars and Policies

The Area Partnership Forum:

- Reviewed and noted the Circulars and Policies as presented.

Key Points:

- In relation to DL (2024) 07 NHS Scotland Annual Leave Policy for AfC Staff, Ms Bell confirmed re-issue awaited following error in paragraph 32.
- Ms Goudie highlighted a pattern in Senior Nursing Staff raising concern around not being paid for public holidays, with an additional level of sign off required.

11. ANY OTHER COMPETENT BUSINESS

- Morag Farquhar outlined the benchmarking process currently being undertaken around Soft Facilities Management Services within Forth Valley Royal Hospital. This took place every 7 years into the contract. The outcome will be reported to the Performance & Resources Committee and the NHS Board. Mr Nick Hill was the Staff Side Representative on the Panel.
- Charlie McCarthy advised Karren Morrison requested an update around assurances that HCSW Band 2 staff would not be required to undertake HCSW Band 3 roles, including enhanced observations. Ms Goudie advised enhanced observations were mentioned in both B2 and B3 HCSW roles. It was agreed this would be followed up with Julie McIlwaine as a matter of urgency. **Action: Karen Goudie**
- Mr Clark highlighted an issue around providing starting salaries to preferred candidates as reckonable service could not be determined until staff member was in post. Good candidates have been lost as a result. Mr Reith advised he would take this as an action with update to the next meeting. **Action: Mr Reith**
- International Recruits coming through the normal Job Train process had been raised as an issue by Mental Health and Learning Disabilities. This form of appointment meant departments were incurring Visa costs. There was discussion around funding options and issues being experienced by staff coming to the NHS. Linda McGovern advised she would pick up initial discussion with Charlie McCarthy who was Unison Lead for Migrant Workers, to involve Michael Brown and the international recruitment team. Work was also underway by the National Job Train Governance Group to investigate use of AI and bots in Job Train which had impact on validity of applications.

  Action: Linda McGovern
- Mr Clark advised this was David O'Connor's last meeting as due to reorganisation he was moving on from Forth Valley. Thanks were expressed for his contribution. His replacement on the APF would be Greig Kirby.

12. DATE OF NEXT MEETING: Tuesday 21 May 2024 @ 2 pm, in the Boardroom, Carseview

There being no other competent business, the Chair closed the meeting at 1554 hours.

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9.7 AREA PARTNERSHIP FORUM
Tuesday 23 April 2024

Item 3 **DRAFT** Minute of the Area Partnership Forum meeting held on Tuesday 19 March 2024 at 3 pm, within the Boardroom, Carseview and via MS Teams.

Present:
Robert Clark, Employee Director (Chair)
Amanda Croft (Co Chair)
Elaine Bell, Associate Director of Human Resources
Elaine MacDonald, Human Resources Service Manager
Garry Fraser, Acute Services Director
Hilary Nelson, RCN
Janet Sneddon, RCM
Karren Morrison, UNISON
Kevin Reith, Interim Director of Human Resources
Laura Byrne, Director of Pharmacy
Linda Robertson, HR Service Manager – Workforce Planning & Staff Governance
Lynsey Walker, Dietetics
Margaret Kerr, Head of Organisational Development
Morag Farquhar, Director of Facilities
Nicholas Hill, GMB
Scott Urquhart, Director of Finance
Thomas French, LMC

In Attendance: Sarah Smith, Corporate Services Assistant/PA (minute)

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1. Apologies for Absence/Confirmation of Quorum

Apologies for absence were noted on behalf of: Jennfer Borthwick; Patricia Cassidy; Lorna Dougans; David Williams; Juliette Murray.

2. Declaration(s) of Interest(s)

There were no declarations of interest made.

3. Draft Minute of Area Partnership Forum meeting held on 20 February 2024

The note of the meeting held on 20 February 2024 was approved as an accurate record.

4. Action Log

The action log was reviewed and would be updated as follows:
25 – Sturrock Update – Item was on the Agenda.
32 – APF Section on Staff Intranet – Mr Robert Clark confirmed he has spoken with Blair Fleming, Web & Digital Officer, who had agreed to maintain the APF pages on the Internet and Intranet. The minutes would be added initially, along with an introduction to the Forum.
35 – Work undertaken by Noelle McKay – Mr Kevin Reith advised papers had been prepared that focussed on the work undertaken since commencement of post and an overall update on Employability. This would include a proposal around Career Pathway around Band 2 to 3 and prior presentation would be made to the Executive Leadership Team. An APF date was to be confirmed.

36 – Committee work by Board Secretary – John Ratcliffe has been provided with APF dates for 2024.
38 – Staff Bank update – Item was complete.
39 – Attendance Action Plan – Item was on the Agenda.
43 – Facility Time – Mr Reith confirmed a follow up conversation with arrangements made for facility time. Work was underway to address practicalities. Due to Hilary Nelson leaving her post, priority arrangements were being made to backfill this role. Ms Linda Robertson confirmed work was ongoing to finalise arrangements.

Ms Hilary Nelson sought clarification around the closed action **07 relating to Job Evaluation**. It was noted discussions had taken place around the process, however the requirement for final sign off had not been agreed as this did not fit with the Policy. This was felt to be an educational issue and training had been delivered around job evaluation awareness and job descriptions. The APF agreed that Managers in all disciplines would be supported to understand and sign off job descriptions to ensure compliance with the legislation.

5. Matters arising from the minute/action log

Ms Morrison noted a large number of Band 2 staff continued to be requested for Bank Staff on the Acute site. However, their role did not support 1:1 observations as this was not in the national profile. As an example, it was noted that 32 Band 2 staff had been required yesterday (18/03/24) with 16 escalated to Agency. A proposed revision of the B2 job description was to remove the example relating to 1:1 observations. Alternative wording was proposed "will adhere to local policies and procedures." Mr Garry Fraser advised Mr David Watson would be meeting with the Lead Nurses to ensure safety issues were included during huddle discussions. Clarification was also provided around requests being made for B3 staff. It was agreed this should be communicated to the whole organisation.

Mr Urquhart advised that following implementation of new controls, there had been a 60% reduction in the overall level of Agency use for Health Care Support Workers. A reduction was also being seen in the overall level of Agency.

Mr Clark advised that Hilary Nelson would be leaving her post, which included the role of Staff Side Representative for Job Evaluation and Health and Safety. Following a meeting on Monday 18 March and it had been agreed that Nick Hill would become the Job Evaluation Staff Side Chair and Karren Morrison would become the Staff Side Chair for Health and Safety.

6. Sturrock Review

The Area Partnership Forum:
- **Noted a further meeting would take place between Kevin Reith and Staff Side Partners in April.**
- **Noted monitoring of progress and the impact of actions that come from that meeting.**

The Area Partnership Forum received an update on the Sturrock Review, led by Mr Kevin Reith, Interim Director of Health and Safety. He noted the commitment made around recommencement of work in this area as part of assurance for the Area Partnership Forum. An initial meeting had taken place with Staff Side colleagues to establish the current position. A volume of activity had been undertaken following commitments made in the initial Forth Valley response in 2019. Therefore, a further Partnership meeting would take place early April where the action plan would be reviewed to establish the position around remaining work. Assurance would also be sought around coverage of the original Sturrock requirements from Scottish Government. Following this, Sturrock would be closed off and work would be incorporated into other organisational activity. The final version of the report would be returned to the next Area Partnership Forum. **Action: Kevin Reith**

A positive discussion took place with the Culture Change Programme Board around the theme of ensuring assessment of impact.

7. **BETTER CARE -** *No papers*

8. BETTER VALUE

8.1 Finance Report

The Area Partnership Forum

- **Noted the content of the report**
- **Noted the need to understand where vacancies were in the system**
- **Noted whole system approach to reducing unfunded beds under the 'Home First' banner**

The Area Partnership Forum received a Finance Report presented by Mr Scott Urquhart, Director of Finance.

For the current year, subject to final allocations and expenditure trends for March being in line with expectations, break-even should be achieved. This was due to significant additional funding (£8m for NHS Forth Valley) being released by Scottish Government as part of UK Consequentials. An additional VAT rebate of £1m had also been received. Mr Urquhart stressed these were non-recurring benefits and the next financial year remained significantly challenged with pressures were increasing year on year. Expenditure rates were not reducing and remained unaffordable.

The Financial Plan would be presented to the Public Session of the NHS Board on 26 March 2024. Currently this highlighted a savings gap of around £58m. A number of savings plans had been identified, many of which were high risk. These were incorporated within a Financial Sustainability Plan, however a deficit of £14.5m remained. The APF were reminded of the Boards statutory requirement to break-even, which remained the focus. There was a Governance process in place to review savings plans and ensure individuals tasked with delivery were held accountable. The Sustainability Plan would also be taken to Performance and Resources Committee.

There was recognition of the importance of messaging and resultantly work had commenced around a communications strategy which would underpin this work. This would ensure Teams across the organisation understood the expectations.

Improvements around Agency needed to continue, and a paper was taken to Chief Executives meeting that set out a range of further controls to October 2024. By that point it was expected that Agency would be used on an exception only basis. To ensure delivery, there required to be a reduction in contingency beds and retraction from unfunded posts. National discussions remained focussed on the 15-point plan for cost improvement.

The APF raised concern around the focus on Agency, noting supplementary staffing had risen by 50% this year. Mr Urquhart confirmed Agency costs were part of supplementary staff costs and reduction was one of the three focussed targeted areas for the savings plan. There was a need to address underlying drivers, which included contingency beds; absence levels and vacancies. Note was made of the ongoing work within Acute and Nursing.

In terms of the unfunded posts, 100 non-medical posts had been identified and the organisation would safely retract from these posts as they became vacant. Initial focus would be to understand where the posts were, followed by establishing a clear process.

Ms Croft provided clarity around the 15-point plan and noted current focus was on areas of large impact. In terms of Polypharmacy, a presentation had been received at ELT on 18 March

2024. This outlined the areas of Polypharmacy; medical switches and reduction in length of stay.

Clarification was sought around the reference to pay protection and assurance was provided this would be a national consideration.

The APF recognised the need for the workforce to be managed in a way that met the organisation's requirements and avoided premium costs for short term staffing. A strategic focus was agreed. The aspiration of matching staff to roles was recognised as a ambition.

Assurance was sought around the reduction of the bed base and whether a strategy would be in place to undertake this on a controlled basis. Ms Croft confirmed the need for this work to be undertaken on a whole system basis. Following a recent meeting with Chief Officers, it was agreed the work would be undertaken under the banner of 'Your Home First'. This aligned with the Strategic Plans within both IJBs. Mr Gary Fraser; Ms Patricia Cassidy and Mr David Williams would lead a piece of work to establish support and ensure changes were sustainable. Mr Fraser advised a set of principles had been brought to the Whole System call this morning, which outlined the need to align resources to reduce the number of patients being admitted. This would then aid in reducing unfunded beds.

8. BETTER CARE

9. BETTER WORKFORCE

9.1 Staff Governance Report

The Area Partnership Forum:

- **Recognised the ongoing work to finalise the report**

The Area Partnership Forum received a Staff Governance Report that had been presented to the recent Governance Committee, presented by Mr Kevin Reith, Interim Director of Human Resources.

Mr Reith advised APF the report had been an iterative process with an aim to structure around key themes. Focus was on performance against activity and ensuring metrics were appropriate.

The narrative driven nature of the report was recognised with work ongoing to address. Previous feedback has been incorporated, which included Emergency Department activity being broken down into cases, showing numbers of patients. Mr Reith also noted that charts within the document were difficult to read and these would be amended.

Ms Nelson highlighted the absence of flexible working within the report, noting a number of staff being turned down. Ms Croft highlighted the significant evidence that showed the best way to reduce supplementary staffing and Agency spend was to support flexible working. Managers should be supported to promote this under the 'Work Smart' banner.

The Once for Scotland process was highlighted, noting challenge around the robust policy framework. The complexity extended the timeline and was an issue being experienced by all Boards.

Exit interviews were highlighted, noting uptake was low, but in line with other Boards. Ms Bell noting early-stage discussions had taken place around awareness raising, noting a clear process to follow up on issues raised. A perceived lack of trust in the system was recognised, noting the responsibility of the organisation to address. The ongoing work around culture was also recognised, noting this would take time to filter through and for staff to feel more able to speak up. Ms Croft confirmed she would welcome any suggestions being forwarded to her.

9.2 Promoting Attendance

The Area Partnership Forum:

- **Noted the content of the paper**
- **Noted the commitment from ELT and the Area Partnership Forum to focus on implementing the Attendance Management Policy and reducing absence rates across all Directorates and HSCPs**
- **Approved the content of the 2024/25 Promoting Attendance Management Action Plan**

The Area Partnership received the January 2024 Sickness Absence figures presented by Ms Linda Robertson, HR Service Manager – Workforce Planning & Staff Governance. The February figures had now been received and the following key points were noted:

- Absence has reduced from 7.9% to 7.03%
- There were 145 fewer staff absent
- A decrease was seen across all Directorates

The Attendance Action Management Plan was also considered, noting this had been prepared in February 2023 and considered by APF at the December 2023 meeting. At this time, it had been requested that this be refined and a further update provided. Meetings had taken place with Staff Side colleagues, noting 7 actions to be taken forward over the next year.

In terms of the absence position, the APF recognised 7.03% was still a high position and required redress.

Mr Reith noted a recent meeting with Scottish Government noting absence had been an area of focus. The aim was to encourage improvement across the Board and undertake targeted focussed attention with potential for Senior Operational Leads.

9.3 Scheme of Delegation and principles

The Area Partnership Forum:

- **Noted the content of the paper.**
- **Approved the recommendation to reinstate the NHS Scotland Once for Scotland scheme of Delegation principles subject to the caveats noted below.**

The Area Partnership Forum considered the Scheme of Delegation and principles as presented by Ms Elaine Bell Associate Director of Human Resources. Previous APF discussions were noted.

A brief background was provided noting the current position did not align with the Once for Scotland Policy. Presently, a hearing would be led by a Director from another Directorate or Partnership. However, issues had been identified around delays and staff being unfamiliar with the Director leading the process.

The proposal to APF was to return to the Once for Scotland Policy, which would require the dismissal hearing to be led by a Director, or the Direct Report of a Director. It was recognised a Director could dismiss from their own area.

Concerns were highlighted around the widening of the role, however the APF agreed that delegated function should be provided. It was however caveated that this should be small cohort of named people with full training required.

Mr Reith confirmed he would meet with Executives and Directors to identify delegated staff to hold dismissal hearings. A meeting would then be set up with Staff Side to discuss the output and address the process for appeals. **Action: Kevin Reith**

9.4 Agenda for Change Pay 2024/25

The Area Partnership Forum

- **Noted the verbal update as provided.**

The Area Partnership Forum received a verbal update on the Agenda for Change Pay 2024/25, led by Mr Kevin Reith, Interim Director of Human Resources.

As of 1 April 2024 a new pay deal would be introduced for Agenda for Change Staff. This would reduce the working week to 37 hours. The Staff Side position was provided, noting guidance received was to prepare for ballot with further detail was awaited. Assurance was provided that any agreement would be backdated to 1 April 2024. The BMA position was provided, noting negotiations were ongoing with Scottish Government and the output from the pay deal in England was awaited.

9.5 Pay Review 2023/24

The Area Partnership Forum:

- **Noted the verbal update**
- **Local Group to be established to progress arrangements for reduction in working week**

The Area Partnership Forum received a verbal update on the Pay Review 2023/24 led by Mr Kevin Reith, Interim Director of Human Resources.

Mr Reith confirmed work was continuing around the following three areas:

- Reduction in the working week
- Band 5 Pay Review
- Protected Learning Time

An update had been provided to the Staff Governance Committee noting work was continuing to produce guidance around the Band 5 Pay Review. Mr Reith confirmed he had been asked to join National discussions around this area.

In terms of protected learning time, the importance of this area was recognised, noting a reduction in statutory mandatory training position, as reported to the APF. The Scottish Government was looking to track and monitor progress in adoption of this approach and determine delivery of an effective improvement. Guidance in this area would also be developed.

The reduction in the working week was an overall reduction to a 36-hour week, with the first 30 minutes to be adopted by 1 April 2024. It was confirmed this was a full 30-minute reduction and not an incremental amount through the week. A Systems Group had been established nationally which was progressing at pace around the various systems to allow this change to be implemented. National Guidance was awaited. Mr Urquhart confirmed the expectation was separate funding would be provided by Scottish Government, with no allowances had been made within the Financial Plan. It was agreed a focussed group would be established locally to progress. This would include pay arrangements and would be led by Human Resources.

Action: Kevin Reith

10. FOR NOTING

10.1 Update on Organisation Development Priorities including Learning, Education and iMatter

The Area Partnership Forum is asked to: -

- **Noted the contents of this update and receive future updates on these and other areas.**

The Area Partnership Forum received an Update on Organisational Development Priorities including Learning, Education and iMatter, led by Ms Margaret Kerr, Head of Organisational Development.

Ms Kerr noted a continued focus on staff support and wellbeing, with tailored sessions being held.

iMatter remained a key priority with preparation ongoing for the 2024 cycle which would Go Live on 13 May 2024. Work was currently underway to confirm structures, followed by Managers confirmation.

The Compassionate Leadership and Culture remained in the design phase, which included feedback sessions encouraging involvement.

One new Mediation cases was noted, with sessions arranged for internal mediators to support them around CPD and supervision and training for Group medication, noting this had been an area of increasing request.

In terms of Cross Board Mentoring, the matching meeting had taken place across the relevant Boards. All mentors and mentees have been matched, with Go Live on 1 May 2024. Awareness sessions were being held.

The work of the Nurse Educator within ED and AAU were noted, with work ongoing around education plan. Positive progress was noted in both areas.

In terms of staff recognition, contact had been made with all Directorates and Staff Side to establish a Short Life Working Group. This would utilise the experiences of staff across the organisation. The newly appointed Chief Nurse in Acute, David Watson, provide a positive example utilised in NHS Lanarkshire and he would share his experiences.

Figures around PDR's remained disappointing noting this was a priority area. The APF recognised the need to identify underlying issues. This was noted as an identified area within the Directorate Performance Reviews. The positive position of Facilities and Infrastructure was noted with Mrs Farquhar outlining the work undertaken. The importance of this area was noted.

Detail was also provided around Leading for the Future noting a postponement of recruitment for Cohort 14. Feedback was awaited from NES.

An update from the Employability Manager, Noelle McKay, was noted in the paper.

The APF sought clarification around Speak Up, noting updates were added to the Intranet.

10.2 Quarterly Equality & Diversity Monitoring Report

The Area Partnership Forum

- **Noted the Report as presented.**

The Area Partnership Forum received a paper 'Quarterly Equality and Diversity Monitoring Report' led by Ms Linda Robertson, HR Service Manager – Workforce Planning & Staff Governance.

Ms Robertson advised the report covered Quarter 3, October to December 2023. Redesign had been undertaken to align with other Human Resources forms.

The APF noted the low position around disability triggers, recognising the challenge in staff coming forward. Potential for Potential review of the ways information was requested.

Ms Bell noted the presentation made by Rachel Tardito, Equality, Diversity and Wellbeing Lead, to Staff Governance which included patients and staff coming forward outlining negative experiences around accessing services due to disabilities. Ms Bell advised a meeting would be arranged following her return from leave to look at the staff element. Ms Morrison would be included in this meeting.

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11. ANY OTHER COMPETENT BUSINESS

Mr Reith informed the APF that work was continuing to advertise the NHS Forth Valley Chief Executive post. Conversations were ongoing with Scottish Government. A candidate pack had been prepared. The final interview date was anticipated as mid May, beginning of June. It was confirmed Ms Croft would remain in post to facilitate transition.

Mr Clark highlighted that this was Hilary Nelson's last day with NHS Forth Valley. She was presented with flowers on behalf of the APF as a token for her significant contribution to the APF and the organisation. Ms Croft noted how impressed she has been with how staff side worked within the organisation and stated Ms Nelson was an exemplar of a Trade Union Representative.

12. DATE OF NEXT MEETING

The next meeting of the Area Partnership Forum would take place on Tuesday 23 April 2024 at 2 pm, via MS Teams.

Clackmannanshire & Stirling Integration Joint Board

Minute of IJB Meeting held on 29 November 2023

For Approval

Approved for Submission by	Ewan Murray, Chief Finance Officer
Paper presented by	N/A
Author	Sandra Comrie, Business Support Officer
Exempt Report	No

Draft Minute of the **Clackmannanshire & Stirling Integration Joint Board meeting** held on **Wednesday 29 November 2023, at Ceteris, Alloa Business Centre, Alloa and hybrid via MS Teams**

PRESENT

Voting Members
Allan Rennie (Chair), Non-Executive Board Member, NHS Forth Valley
Councillor Gerry McGarvey (Vice Chair), Stirling Council
Councillor Martha Benny, Clackmannanshire Council
Councillor Wendy Hamilton, Clackmannanshire Council
Councillor Martin Earl, Stirling Council
Councillor Rosemary Fraser, Stirling Council
Gordon Johnston, Non-Executive Board Member, NHS Forth Valley
Martin Fairbairn, Non-Executive Board Member, NHS Forth Valley
Stephen McAllister, Non-Executive Board Member, NHS Forth Valley
Amanda Croft, Interim Chief Executive, NHS Forth Valley

Non-Voting Members
Ewan Murray, Chief Finance Officer, IJB and HSCP
Narek Bido, Third Sector Representative, Clackmannanshire
Alan Clevett, Third Sector Representative, Stirling
Helen McGuire, Service User Representative, Clackmannanshire
Dr Kathleen Brennan, GP Clinical Lead, HSCP
Marie Valente, Chief Social Work Officer, Stirling Council
Robert Clark, Employee Director, NHS Forth Valley
Paul Morris, Carers Representative, Clackmannanshire
Louise Murray, Carers Representative, Stirling
Julie Morrison, Union Representative, Stirling

Advisory Members
Lesley Fulford, Senior Planning Manager
Carol Beattie, Chief Executive Stirling Council
Nikki Bridle, Chief Executive, Clackmannanshire Council
Sophie Gardiner, Resources & Governance-Legal Services, Clackmannanshire Council
Lee Robertson, Senior Manager Legal & Governance and Monitoring Officer, Clackmannanshire Council

In Attendance
Wendy Forrest, Head of Strategic Planning and Health Improvement
Maxine Ward, Interim Head of Community Health and Care
Sandra Comrie, Business Support Officer (minutes)

1. APOLOGIES FOR ABSENCE

The Chair welcomed everyone to the meeting.

Mr Rennie explained any questions/queries raised by IJB members prior to the meeting had been responded to or would be covered within the presentation of papers.

Apologies for absence were noted on behalf of:

Annemargaret Black, Chief Officer
Andrew Murray, Medical Director, NHS Forth Valley
Helen Duncan, Third Sector Representative, Stirling
Nicola Wood, Interim Chief Nurse, HSCP
Eileen Wallace, Service User Representative, Stirling
Councillor Janine Rennie, Clackmannanshire Council
John Stuart, Non-Executive Board Member, NHS Forth Valley
Abigail Robertson, Staff Representative, Stirling Council

2. NOTIFICATION OF SUBSTITUTES

Ewan Murray for Annemargaret Black, Chief Officer
Julie Morrison for Abigail Robertson, Staff Representative, Stirling Council

3. DECLARATIONS OF INTEREST

There were no declarations of interest noted.

4. CASE STUDY

Due to technical issues, this item did not go ahead.

5. URGENT BUSINESS BROUGHT FORWARD BY CHAIRPERSON/EMERGENCY ITEMS

5.1 ACTION LOG

Noted with the following amendments.

Mr Fairbairn queried whether there should be an action regarding working towards the implementation of the Directions policy. Mr Murray agreed and confirmed this was still being discussed with the Chief Officer and Chief Executives of the constituent authorities to progress.

Mr Murray confirmed there should also be an action relating to Primary Care updates as this was now hosted by the Falkirk Integration Joint Board. The newly appointed Head of Primary Care, Judith Proctor, would be part of the process for providing updates to the Integration Joint Board (IJB) going forward.

It was agreed that these items be recorded on the next action log for the March meeting.

6. DRAFT MINUTE OF MEETING HELD ON 27 SEPTEMBER 2023

The draft minute of the meeting held on 27 September 2023, was approved subject to the following amendments:

- Amanda Croft and Gerry McGarvey were added as being present.
- The date of the previous minute was amended to 21 June 2023.

7. CHIEF OFFICER UPDATE

The IJB considered the report provided by Mr Ewan Murray, Chief Finance Officer.

Mr Murray provided updates on a range of areas including the new appointments to the IJB and both Committees, delayed discharges, Medication Assisted Treatment, NHS Forth Valley escalation and winter planning for 2023/24.

As a partnership, NHS Forth Valley, Falkirk Health and Social Care Partnership and Clackmannanshire and Stirling Health and Social Care Partnership submitted a bid, to Scottish Government, to be a pathfinder, for the full implementation of the Primary Care Improvement Plan. Mr Murray explained that he would provide the IJB with an update on the outcome when known.

Mr Murray explained that he, the Chair and the Vice Chair of the Audit and Risk Committee had agreed to reschedule the meeting arranged for 6 December to 21 February 2024. This was due to limited business being available for consideration and to allow for focus on the development of the 2024/25 service and budget options.

Mr Murray thanked colleagues across the board for their ongoing hard work.

The IJB discussed the benefits, if successful, of the bid to be a pathfinder and how delayed discharges and the assurance improvement plan would be monitored going forward. Mr Murray advised updates would be provided in the Chief Officer Reports, Ms Croft added that further information could be obtained from NHS Forth Valley Health Board papers and that she was happy for this information to be provided to the IJB.

The Integration Joint Board:

1) **Noted the content of the report.**

2) **Noted the appointment of Councillor Gerry McGarvey to Vice Chair of the IJB.**
3) **Approved Councillor Gerry McGarvey as the Stirling Council voting member to join the IJB Finance and Performance Committee.**
4) **Approved Robert Clark as the non-voting member to join the Audit and Risk Committee.**

8. BUDGET AND FINANCE

8.1 FINANCIAL REPORT (INCORPORATING FURTHER FINANCIAL RECOVERY CONSIDERATIONS)

The IJB considered the paper presented by Mr Ewan Murray, Chief Finance Officer.

The report set out the updated set of projections at month 6 which continued to project a significant overspend to the Clackmannanshire and Stirling IJB budget. Mr Murray explained the key drivers of overspends were prescribing costs and volumes, and demand-driven increases in adult social care. Prescribing data as of July 2023 had recently become available and analysis was being undertaken to help inform future projections.

He noted that 42% of the approved savings and efficiency plans were forecast to be achieved in year. Work was required to maximise savings delivery where possible within the year and on a full year basis to aid service and financial sustainability.

Ongoing issues relating to residual COVID funding had been resolved with Scottish Government Finance Officers, Mr Murray confirmed the best possible outcome had been achieved.

As set out in the Integration Scheme the IJB was required to consider a budget recovery plan. The Finance and Performance Committee had a detailed discussion on potential options available at the meeting on 01 November 2023.

Mr Murray confirmed the draft business case was under development and would be presented at the Finance and Performance Committee on 20 December 2023, along with key points from the Scottish Draft Budget. They would also be discussing the outcomes and feedback from the series of finance workshops which had taken place. There was still a lot of work required to deliver a sustainable set of plans, this would be done collaboratively with the Strategic Planning Group, the Locality Planning Groups and trade union colleagues to identify the best solutions to achieve sustainability.

Mr Murray explained the report set out a deeply concerning position for the IJB and its constituent authorities but there was still a requirement to focus on sustainable options and solutions.

Ms Bridle discussed the benefits of having a whole system approach with collaborative working with the constituent authorities across Forth Valley. Ms Croft agreed and fully supported this approach confirming that regular meetings were already taking place.

Mr Clark referred to item 4 of the Budget Recovery Plan Options, explaining that the staff side would not agree to any enhanced vacancy management systems being put in place by the HSCP. The IJB discussed and agreed that the HSCP were responsible for considering a budget recovery plan, but any decisions in respect of staffing and vacancies lay with the constituent authorities.

The IJB discussed the budget recovery plan options and agreed to amend some of the recommendations made.

- Implement a resource allocation group (or panel) to review the appropriateness of proposed admissions to long term care. This is consistent with strategic priority of Care Closer to Home.
  Approved

- Refocussing and enhancing review activity and including Team Leader capacity and review officers across both Clackmannanshire and Stirling localities.
  Approved

- Offset projected underspend in transformation funding for 2023/24 to general position.
  Approved

- Implement an enhanced vacancy management approach within delegated services progressing critical vacancies only.
  Recommendation amended to the IJB request that the consistuent authorities consider enhanced vacancy management approaches.

- Take further action to reduce the level of adult social care services commissioned including a review of application of eligibility criteria and consideration of responding only to critical only for a period.
  Not approved.

- Encourage further engagement in Respiratory Prescribing Improvement Initiative (PII). 67% of practices have completed or are progressing at least part one.
  Approved

- Consider further options to reduce costs in the Prescribing Budget whilst not negatively impacting patient care. Additional Primary Care Medicines Resources Group held 2 November 2023 and requires follow up. Material further impacts this financial year may be unlikely.
  Approved

- Review of earmarked reserves.
  Deploy balance of MDT and Band 2-4 earmarked reserves to offset integrated budget overspend.
  Approved

Mr Murray confirmed a budget working group was being set up which would establish a forum for people to discuss the wider recommendations. The IJB agreed that all Chairs/Vice Chairs from the IJB and both Committees should be involved. This would build in a greater degree of resilience as there should be representatives from each constituent authority at each meeting.

The IJB agreed that a special IJB/pre-budget meeting be arranged before the scheduled March meeting.

The Integration Joint Board:

1) **Noted the projected overspend based on financial performance to Month 6 of £4.434m on the Integrated Budget and £2.674m on the Set Aside Budget for Large Hospital Services giving a total projected overspend of £7.108m**
2) **Noted the integrated financial report including commentary on areas of material variance from budget. (Section 4)**
3) **Noted the outcome of discussions with Scottish Government finance and approved the deployment of residual covid earmarked reserves (Section 6).**
4) **Noted that, to allow continued focus on budget recovery measures, development of the 24/25 IJB Business Case and development of the 24/25 Revenue Budget a refreshed medium term financial plan will be brought forward with the 24/25 Revenue Budget in March 2024.**
5) **Discussed, considered, and subject to approval the short-term budget recovery options (Section 7)**
6) **Delegated authority to the IJB Finance and Performance Committee to consider the draft 2024/25 IJB Business Case, subject to those considerations approved formal submission to the constituent authorities.**
7) **Approved the establishment of a member/officer budget working group between now and the presentation of the 2024/25 IJB Revenue Budget in March 2024.**
8) **Agreed a special IJB meeting is arranged before the scheduled March 2024 meeting.**

9. PLANNING, COMMISSIONING, DIRECTIONS AND NEEDS ASSESSMENT

9.1 ADP COMMISSIONING CONSORTIUM

The IJB considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

The Alcohol and Drug Partnership (ADP) Commissioning Consortium paper laid out the proposal for the Tier three of the five Tier model of care agreed at the Commissioning Consortium, the vehicle for preparing the commissioning of services across Forth Valley. There was discussion around the work of the Commissioning Consortium including feedback from current providers and the process over the past year to ensure colleagues and partners were engaged. This related to the re-provisioning of the Tier 3 care and support service. Ms Forrest confirmed the ADP, as the strategic partnership, was working across the whole system with people with lived experience, bringing together a model of care. Strategic planning and early prevention were at the core of this model of care and treatment. The plan was to deliver a person-focused human rights-based approach to support people in our communities as agreed by partners in the ADP.

Mr Fairbairn asked for a summary of the options considered and why the one proposed was the best. Ms Forrest explained that this was a specialist service and there were a limited number of people who could provide the service at this level.

Mr Bido asked for clarity linked to the Commissioning Consortium and the decision-making processes around commissioning and procurement. It was agreed Ms Forrest would meet with Mr Bido out-with the meeting to clarify the process.

The Integration Joint Board:

1) **Agreed the proposed commissioning arrangements for Tier 3 service delivery;**
2) **Sought for the procurement of third sector services through Clackmannanshire Council and Stirling Council.**

9.2 IJB AND COMMITTEE DATES 2024/25

The IJB considered the paper presented by Ms Lesley Fulford, Senior Planning Manager

Ms Fulford presented the proposed dates for the 2024/25 IJB, Audit and Risk Committee and the Finance and Performance Committee.

The proposed dates would allow the IJB and Committee members to robustly discuss business, take decisions and agree on directions, where required.

The Integration Joint Board:

1) **Approved the proposed Integration Joint Board programme of meeting dates for 2024 / 2025 set out in paragraph 3.1.**
2) **Approved March 2025 meeting was focussed on budget, associated Directions and delivery plan only set out in paragraph 3.**
3) **Approved the proposed Integration Joint Board Audit and Risk Committee programme of meeting dates for 2024 / 2025 set out in paragraph 4.1.**
4) **Noted June 2024 Audit and Risk Committee meeting is in the morning.**
5) **Approved the proposed Integration Joint Board Finance & Performance Committee programme of meeting dates for 2024 / 2025 set out in paragraph 5.1.**
6) **Noted December 2024 Finance and Performance Committee meeting is in the morning.**

10. PERFORMANCE

10.1 QUARTER 2 PERFORMANCE REPORT (JULY – SEPTEMBER 2023)

The IJB considered the paper presented by Ms Wendy Forrest, Head of Strategic Planning and Health Improvement.

The performance report continued to be a work in progress with operational services, ensuring the report included accurate management and performance information. Ms Forrest confirmed that comparative data wasn't published quarterly, but it would be reported to the Finance and Performance Committee and the IJB when available.

Delayed discharge numbers had increased slightly but the numbers were lower than reported at the same time last year. Operational colleagues were continuing to work to ensure that delays were kept as low as possible. Ms Ward explained there was still a lot of work to be done to ensure people's stays were as short as possible, alternative measures were being looked at daily.

In response to a question from Mr Clevett regarding Community Link Workers, Mr Murray explained they were a key part of the early intervention and prevention programme in line with the priorities set out within the Strategic Commissioning Plan. The assumption at this time was to continue with the existing level of Community Link Workers, however, due to the current financial challenges he was not able to provide absolute assurance at this time.

The Integration Joint Board:

1) **Reviewed the content of the report.**
2) **Noted that appropriate management actions continued to be taken to address the issues identified through these performance reports.**
3) **Approved Quarter 2 July to September 2023 report (Appendix 1).**

11. FOR NOTING

11.1 Decision Log

Noted

11.2 Minutes

Noted

a. **Finance and Performance Committee – 06/09/2023**
b. **Joint Staff Forum – 05/07/2023**
c. **Strategic Planning Group – 23/08/2023**
d. **Clinical and Care Governance Group – 20/07/2023**

12. ANY OTHER COMPETENT BUSINESS (AOCB)

There was no other competent business.

13. DATE OF NEXT MEETING

27 March 2024

Minute of hybrid meeting of the Integration Joint Board held within **Room 1, Suite 1a, Falkirk Stadium, 4 Stadium Way, Falkirk, FK2 9EE** on **Friday 1 December 2023** at **9.30 a.m.**

Voting Members:	Councillor Fiona Collie (Chair) Councillor Jim Flynn Gordon Johnston Michele McClung
Non –voting Members:	Margo Biggs, Service User Representative Patricia Cassidy, Chief Officer Robert Clark, Staff Representative, NHS Forth Valley Ian Dickson, Third Sector Representative Frances Dodd, Executive Nurse Director Carol Ann Harrower, Carer Representative Steven Kirkwood, Chief Finance Officer Sara Lacey, Chief Social Work Officer Victoria McRae, Third Sector Interface Roger Ridley, Staff Representative, Falkirk Council
Also Attending:	Sarah Hughes-Jones, Head of Information Governance, NHS Forth Valley (Item IJB44) David Keenan, Equalities & Human Rights Lead Officer (IJB38, IJB40) Lesley Macarthur, Partnership Funding Co-ordinator (Item IJB36) Calum MacDonald, Performance & Quality Assurance Manager (Item IJB39) Judith Proctor, Head of Primary Care Paul Surgenor, Communications Officer (Items IJB41 and IJB42) Martin Thom, Head of Integration (IJB37) Suzanne Thomson, Senior Service Manager (IJB38, IJB48) Gail Woodcock, Head of Integration

IJB28. Apologies

Apologies were submitted on behalf of Councillor Anne Hannah, Stephen McAllister, Kenneth Lawrie, David Herron and Andrew Murray.

IJB29. Declarations of Interest

Ian Dickson advised of a connection in relation to item IJB36 as the third sector organisation they represented may be affected by the funding decisions taken. Having applied the objective test they stated that they

considered that this required them to recuse themself from consideration of the item of business.

Victoria McRae advised of a connection in relation to item IJB36 as the third sector organisation they represented may be affected by the funding decisions taken. Having applied the objective test they stated that they considered that this required them to recuse themself from consideration of the item of business.

IJB30. Minute

Decision

The Integration Joint Board approved the minute of the meeting held on 29 September 2023.

IJB31. Action Log

An action log detailing ongoing and closed actions following the previous meeting on 29 September 2023 was provided.

Decision

The Integration Joint Board noted the Action Log.

IJB32. Opening remarks from the Chair

The Chair opened the meeting by congratulating three services which had been shortlisted as finalists in the Scottish Social Services Awards in November 2023. The Falkirk Learning Disability Service had been shortlisted in the Excellence in Disability Services category. The Joint Dementia Initiative and Caledonia Service had won the Excellence in Mental Health category and the Women's Justice Service had won the Excellence in Justice Services category. The Board joined the Chair in recognising the work of the staff involved in the respective services.

In addition, the Chief Officer highlighted that the Integrated Mental Health team had won an award at the NHS Forth Valley Staff Awards.

The Chair welcomed Judith Proctor as the Partnership's new Head of Primary Care. The Chair also noted that Elaine Kettings, Chief Nurse, had moved to another post and led the Board in thanking Elaine for her contributions. This was also Steven Kirkwood's final Board meeting as Chief Finance Officer before retiring in December 2023. The Chair led the Board in thanking Steven for his contributions and wishing him well in retirement. The Chief Officer also announced her intention to retire, effective from 5 April 2024.

The Chair varied the order of business from that specified on the agenda. The following items have been recorded in the order in which they were considered at the meeting.

IJB33. Chief Officer Recruitment

The Board considered a report presented by the Chief Officer which advised that she had indicated her intention to retire from her post, effective from 5 April 2024. The Integration Joint Board was therefore required to consider the recruitment process for her replacement which was set out in the report.

Decision

The Integration Joint Board:-

(1) approved the recruitment and appointment of a permanent Chief Officer for the Integration Joint Board; and

(2) set up an Appointments Committee to lead the recruitment process.

IJB34. Chief Officer Report

The Board considered a report by the Chief Officer which provided updates on current developments within the Falkirk Health and Social Care Partnership (HSCP) and on the ongoing systems pressure response. The Board had previously agreed key areas of work that should be undertaken and the report provided updates on a range of activities:-

- Progress with Integration (Prison Healthcare Services, Primary Care Services);
- HSCP Service Update;
- NHS Forth Valley Update;
- IJB Financial Update, and
- National Care Service Update.

The Board asked if an update could be provided in relation to the recruitment of a Chief Finance Officer. The Chief Officer advised that they had engaged a recruitment agency that had been headhunting alongside the live adverts. There was an expectation that interviews would take place in the second week of January. With respect to the interim arrangements of the Chief Finance Officer role, the Chief Officer had been in discussions with the Chief Executives and Chief Finance Officers of Falkirk Council and NHS Forth Valley respectively.

Decision

The Integration Joint Board:-

(1) agreed to the proposed interim arrangement for the Chief Officer, in her role as Director of Health and Social Care services, to be the responsible officer for Prison healthcare services, effective from 1 December 2023; and

(2) noted the arrangements to host a joint Falkirk and Clackmannanshire & Stirling IJB Development Session for Primary Care was being progressed.

Frances Dodd left the meeting during consideration of the previous item.

IJB35. 2023/2024 Finance Report

The Board considered the report by the Chief Finance Officer which provided a summary of the financial position for the 6-month period ended 30 September 2023, including the projected outturn for the year.

The overall annual budget for the financial year 2023/24 had amounted to £292.296m, comprising £250.710m in respect of the integrated budget and £41.586m in respect of the set aside budget. This had represented an increase of £5.251m compared to the budget reported to the IJB in September 2023. This had been due to a number of additional in-year funding allocations, budget transfers and reserve movements as presented in table 1 of the report.

A year to date overspend of £3.928m had been reported against the set aside budget and an overspend of £0.172m against the integrated budget at 30 September 2023. The overspends were primarily due to ongoing pressures within set aside and primary care services along with pressures in social care due to an increase in care packages, residential care and ongoing agency staff costs which had no longer been covered by COVID-19 funds.

These overspends were partly offset by a Community Healthcare Services underspend, largely in respect of implementation timescales for approved developments, together with vacancy and staff turnover savings across various service areas.

The forecast outturn had anticipated an overspend of £6.502m against the set aside budget, to be managed by NHS Forth Valley, and an overspend of £1.278m against the integrated budget by 31 March 2024. It was envisaged that the overspend on the integrated budget could be managed locally to deliver a breakeven position by 31 March 2024.

The Board noted that the funding for interim care beds had been due to end on 31 March 2024 and asked if a decision had been made on their use going forward. The Chief Officer said that as part of the system reset work, they had been mapping out what was required in terms of community bed-based care. The Head of Integration (G Woodcock) had been leading on a community bed-based review and explained that a review had been undertaken of people in acute hospital, community hospital and social care beds using a criteria to reside. The criteria to reside assess what the persons needs are against the reason for them using a bed space to make data more accurate. This would help with planning. The Senior Management Team had scheduled a meeting to discuss interim care beds. The plan had been to reduce reliance on interim care beds, which would hopefully in turn increase capacity of long-term care beds. The outcomes of those discussions would be presented to a future meeting of the Board. The Head of Integration (G Woodcock) added that utilising interim care beds as long-term care beds had a cost associated that would not resolve the financial challenges.

The Board asked for an update on how recent recruitment events had progressed. In response, the Head of Integration (M Thom) said that the recruitment event for qualified social workers had been successful, unfortunately that events for care staff had not been as successful. Work had been underway to review the model and locations for recruitment workshops for care staff.

In addition, the Board asked for an update in relation to pay awards. The Chief Finance Officer explained that Falkirk Council had paid the new award to staff in November 2023. There had been complexities in the funding from the Scottish Government as there had been more than one funding stream. However, the Chief Finance Officer provided an estimate net additional cost of £356,000 to the IJB.

Decision

The Integration Joint Board:-

(1) approved the breakdown of payments to Falkirk Council and NHS Forth Valley as per the Directions summary provided at appendix 1 to the report;

(2) noted the year-to-date overspend of £3.928m against the set aside budget and £0.172m overspend against the integrated budget reported as at 30 September 2023;

(3) noted the current forecast overspend of £6.502m against the set aside budget and £1.278m overspend against the integrated budget expected at 31 March 2024;

(4) approved the recovery actions outlined in section 5.4 of the report to address the forecast integrated budget overspend;

(5) noted the ongoing risk in relation to the Social Care pay award detailed in section 5.5 of the report; and

(6) noted the increasing financial pressure in relation to Care at Home detailed in section 5.6 of the report.

IJB34. Business Case

The Board considered a report by the Chief Finance Officer which presented the 2024/25 Business Case. The report summarised the Board's funding requirements and financial planning assumptions for the forthcoming financial year.

The Business Case aligned with the Board's strategic priorities and delivery plan actions and forms the basis of initial negotiations with Falkirk Council and NHS Forth Valley regarding the level of payments for 2024/25.

The report provided progress updates on the following:-

- 2024/25 Financial Planning Assumptions and Caveats;
- Strategic Priorities and Delivery Plan Actions;
- 2024/25 Financial Projection – Revenue;
- Medium-Term Financial Plan;
- 2024/25 Efficiency Savings, and
- 2024/25 Financial Projection – Capital

Based on current financial planning assumptions, an overall funding shortfall of £19.362m (equivalent to 6.9% of the total IJB budget) had been identified for financial year 2024/25. As a result, additional funding and/or recurring savings would be required in order to deliver financial balance. To date savings proposals totalling £9.315m had been identified, although many of these had been high risk, requiring further development before they could be delivered, leaving a residual gap of £10.047m to be addressed. However there had been a large number of other savings options in development to reduce this gap. The Business Case would be presented to Falkirk Council in December and NHS Forth Valley in early January 2024.

It had been acknowledged that that there was a number of uncertainties in the financial planning assumptions at this stage and the position had therefore been subject to change pending the outcome of the Scottish budget and confirmation of various national policy developments. The Business Case would be updated once further information had been made available.

In response to a question relating to care placements for children transitioning to adult care, the Chief Finance Officer advised that they provide more detailed information after the meeting. In relation to a question about hospice at home, the Chief Finance Officer said that there had been further work required to review palliative and end of life care services.

Decision

The Integration Joint Board approved the draft Business Case to inform initial negotiations with Falkirk Council and NHS Forth Valley in respect of the level of payments for financial year 2024/25.

Having declared an interest in item IJB36 – Partnership Funding, Ian Dickson and Victoria McRae left the meeting after consideration of the previous item.

IJB36. Partnership Funding

The Board considered a report by the Partnership Funding Co-ordinator which provided information relating to Partnership Funds. This included updates on:-

- progress made to review Partnership Funding during 2023/2024, along with recommendations relating to the Main Programme provided at appendix 1 to the report; and

- the development of a new Partnership Funding Investment Plan.

The Partnership Funding Investment Plan had been due for renewal on 1 April 2024. To develop the new Partnership Funding Investment Plan, a full review of all funds had been underway throughout 2023/2024. Initial focus had been on the Main Programme. The Partnership Funding Group, a sub-group of the Strategic Planning Group, had met over four sessions to agree on funding priorities and criteria, review evaluation research, and make initial recommendations about future investment.

The Board asked if there was a total value of the management fees for all organisations in receipt of partnership funds, if there was an indication what the cap would be for oncosts and management fees and whether smaller organisations had larger management fees. The Partnership Funding Co-ordinator explained that the larger national organisations who provided local services would apply a more significant level of management fee in addition to the delivery cost for the project. A total cost for management fees was unavailable for the meeting. Some of the organisations had required significant management fees, however they provide important services. If the Partnership were to decide to not pay management fees, this would require recommissioning local organisations which would take a significant amount of time. With respect to a cap, there had been recognition that the respective organisations had different structures and governance formats. Therefore, the view of the Partnership Funding Group had favoured a ranged cap which would be as low as possible, with further work required on this.

In addition, the Board asked on what basis the figures in the report had been calculated. In response, the Partnership Funding Co-ordinator advised that

the figures presented in the report had been based on what the organisations had applied for, and that no reduction had been applied to management costs. Each of the organisations had provided different justifications, breakdowns and methodology for management costs. Negotiations had been ongoing with the organisations to reduce management fees.

Decision

The Integration Joint Board:-

(1) approved funding recommendations provided in Appendix 1 to the report, relating to the Main Programme;

(2) noted the implication of these recommendations on other Partnership Funds and options being considered; and

(3) approved the inclusion of funds relating to Falkirk Alcohol & Drugs Partnership and the Health Improvement Fund in the new Partnership Funding Investment Plan.

Following consideration of the previous item, the meeting was adjourned for a short break from 10.37 a.m. and recommenced at 10.45 a.m. Ian Dickson and Victoria McRae rejoined the meeting.

IJB37. Care and Support at Home (Care and Support at Home and Supported Services) Contract Strategy

The Board considered a report by the Head of Integration (M Thom) which set out the proposed contract strategy for the Falkirk HSCP, Flexible Framework Agreement for the Provision of Care and Support at Home (Care and Support at Home and Supported Services) from 1 April 2024. The current contractual arrangements for Care and Support at Home Services and Supported Services Contract had been due to end on 31 March 2024.

It had been anticipated that this contract strategy would help achieve the Falkirk Integration Joint Board's vision – to enable people in the Falkirk HSCP area to live full and positive lives within supportive and inclusive communities. Services would work with people in a person-centred way to identify how to support them to achieve their personal outcomes to enable them to live independently and safely in their own home for as long as practicable. Services would be flexible and adaptable to changes in a person's assessed need or personal choice. Individuals would on an ongoing basis be involved in shaping, developing, and reviewing their Support Plans to achieve their goals to maximise their opportunities to maintain, gain or regain optimum levels of independence.

Subject to Board approval, Falkirk Council's Executive would consider the Procurement Framework for Care and Support at Home (Care at Home and Supported Services) at a special meeting, on 7 December 2023. Falkirk Council would contract on behalf of the Board.

In relation to feedback received via consultation, the Board asked what the key areas of importance had been for people who had received care at home. The Head of Integration (M Thom) said that the people who received care at home had said that they value consistency, effective communication, choice and control, trust and continuity of care, and a service that was person-centred and meets their needs.

The Board raised a question in relation to dialogue and consultation with frontline workers noting that the existing central matching system had been bypassed by frontline workers as it had not been reliable in providing packages of care. The report stated that an automated brokerage solution would be used. In response, the Head of Integration (M Thom) explained that this framework would replace what had been the basic care at home framework. It had been recognised in the development of the framework that there are people who had complex care needs and who had required specialist provision but that had not been the remit of this framework. Alongside this framework, there would still be a complex care panel and plans had been underway to review this to ensure that people with complex care needs could be provided for, but that would not be through this framework. There had been consultation with members from the mental health team and learning disability team.

In relation to the provider feedback, the Board asked if there had been examples of providers saying that they could not provide services at the capped rate. The Head of Integration (M Thom) said that the feedback from providers had been positive and that the Chief Finance Officer had still been developing the capped rate. The specifications were still be finalised and it had been anticipated that this would be completed shortly and at that point the cap would be set. In developing the specifications and cap there had been consideration of several factors including national feedback, increases to the living wage and inflation. In addition, the UK Healthcare Association, Scottish Government and Scotland Excel Framework had been used as sources of information.

The Board asked that if Fair Work principles had been incorporated into the framework. The Head of Integration (M Thom) said that the cap would reflect the demands on how the providers treat their staff, good management and support for staff and payment of the Real Living Wage. This would be monitored through the quality assurance process, however this would also be assessed as part of the tender submissions.

Decision

The Integration Joint Board:-

(1) approved the contract strategy for a Falkirk HSCP Flexible Framework Agreement for the Provision of Care and Support at Home (Care at Home and Supported Services);

(2) noted that a Prior Consideration report would be presented to Falkirk Council's Executive Committee as Falkirk Council would be the contracting authority for the procurement exercise;

(3) noted the continued work to develop the tender documents to implement the contract from 1 April 2024; and

(4) authorised the Chief Officer or her nominee to progress work on the tender documents and the procurement process and, generally, to take decisions required to take forward the conclusion of the framework agreement.

IJB38. Equality Outcomes 2024 – 2028

The Board considered a report presented by the Senior Service Manager and Equalities & Human Rights Lead Officer which provided an update on the development of a new set of Equality Outcomes for 2024 – 2028.

The proposed draft Equality Outcomes were: -

- Outcome 1: Older people who experience barriers to using internet-based services have alternative ways to access services; and

- Outcome 2: People from Black and Minority Ethnic backgrounds with cultural and language differences have improved experiences accessing health and social care services.

A second stage public consultation would begin in January 2024 and a finalised Equality Outcomes and Mainstreaming Report would be submitted to the Board for approval in March 2024.

Decision

The Integration Joint Board noted the report.

IJB39. Performance Monitoring Report

The Board considered a report by the Performance & Quality Assurance Manager, Falkirk HSCP which presented the Performance Monitoring Report September 2022 – September 2023 that supported the IJB to fulfil its responsibility to ensure effective monitoring and reporting of service delivery.

The report provided a summary of key performance issues and was tied to a basic balanced scorecard approach with a focus on exception reporting.

The Performance & Quality Assurance Manager provided an overview of the report and highlighted the key performance issues, with comparison made to previous years.

The Board asked when improvements would be expected in relation to delayed discharge for people awaiting residential care. The Head of Integration (G Woodcock) said that as part of the whole system reset, the intelligence from data had stressed the importance of early intervention and prevention. This would require changes to processes, systems and cultures so it would be difficult to anticipate when an impact would be made in terms of demand for long-term care.

The Board asked in relation to complaints if the Patient Relations Team had worked with Care Opinion. The Chief Officer explained that Care Opinion had been used across all HSCP services and Care Opinion activity had continued to be reported to the Clinical and Care Governance Committee.

The Board asked if numerical values could be presented alongside percentages in relation to absence in future iterations of the report. In addition, the Board asked what the success had been in getting people who had been on long-term sick leave to return to work. The Performance & Quality Assurance Manager said that the absence reporting could be converted into hours for future reports. There had been a decrease in absences for social work adult services which had been due to long-term absences starting to come down. The Head of Integration (G Woodcock) advised that long-term sickness absence trends and improvement activities had been reported and discussed at Operational Management Team meetings on a monthly basis.

Decision

The Integration Joint Board:-

(1) noted the content of the Performance Monitoring Report, and

(2) noted that appropriate management actions continued to be taken to address the issues identified through these Performance Monitoring Reports.

IJB40. IJB Governance Report

The Board considered a report by the Equalities & Human Rights Lead Officer which provided an update on governance matters relevant to the Board.

The Equalities & Human Rights Lead Officer provided an overview of the report and highlighted matters which related to the:-

- Proposed meeting dates for the IJB and its Board Development Sessions and Clinical and Care Governance Committee, and
- Climate Change Report 2022/23.

The proposed IJB meeting dates for 2024 starting at 9.30am were:

- 22 March
- 28 June
- 27 September
- 29 November

The proposed Clinical and Care Governance Committee meeting dates for 2024 starting at 9.30am were:

- 15 March
- 21 June
- 20 September
- 22 November

The proposed Audit Committee meeting dates for 2024 starting at 9.30am were:

- 1 March
- 18 June
- 17 September
- 15 November

The IJB had a responsibility to produce an annual Climate Change report under the Climate Change (Scotland) Act 2009. The Board was asked to note that the Lead Officer - Climate Change from Falkirk Council had submitted the Integration Joint Board's annual climate change report to Sustainable Scotland Network (SSN) by the due deadline of 30 November 2023.

Decision

The Integration Joint Board:-

(1) agreed the proposed timetable of IJB meetings for 2024;

(2) noted the forward planner for 2024;

(3) agreed the proposed timetable of Clinical and Care Governance Committee meetings for 2024; and

(4) noted that the Lead Officer - Climate Change from Falkirk Council had submitted the Integration Joint Board's annual Climate Change report on behalf of the Board.

IJB41. HSCP Communications Update

The Board considered a report by the Communications Officer which provided a summary of communications activity undertaken during July – September 2023. The Partnership's communications activity had covered key service developments, media issues, and improvements to the website and digital channels.

The quarterly communications update provided ongoing monitoring of the implementation of the Partnership's 2021-2024 Communication Strategy. As part of the Strategy, the Partnership established new methods of communication including social media platforms, blog posts, media releases, internal newsletters, and increased use of briefings and case studies.

Decision

The Integration Joint Board noted the report.

IJB42. HSCP Communications Update

The Board considered a report by the Communications Officer which provided a summary of communications activity undertaken during April – June 2023. The Partnership's communications activity had covered key service developments, media issues, and improvements to the website and digital channels.

Decision

The Integration Joint Board noted the report.

IJB43. Annual Assurance Statements 2022/23

The Board considered a report by the Senior Service Manager which presented the 2022/23 Annual Assurance Statements for the:-

- Audit Committee;
- Clinical and Care Governance Committee; and

- Joint Staff Forum.

These were the fourth Annual Assurance Statements prepared by the Committees and Forum in response to the recommendations arising from the Internal Audit report entitled "IJB's Assurance Framework – Governance Mapping, Report No. FK05/19".

Decision

The Integration Joint Board noted the Annual Assurance Statements.

IJB44. Information Governance Assurance Report 2022/2023

The Board considered a report by the Head of Information Governance, NHS Forth Valley which provided assurance to the Board regarding the arrangements for information governance that had been applicable to the Board as a public body. This included the information governance arrangements in place within its partners, Falkirk Council (Council) and NHS Forth Valley (NHS FV), which had delivered services on behalf of the Board.

The 3 information governance areas in which the Board and its partners had statutory responsibilities were:-

- Freedom of Information
- Data Protection
- Records Management

Decision

The Integration Joint Board noted the report.

IJB45. Approved Minutes of Meetings

The Board considered the following minutes of the committees and groups:-

Falkirk Joint Staff Forum – 12 January 2023
Strategic Planning Group – 16 February 2023
Falkirk Joint Staff Forum – 16 March 2023
IJB Audit Committee – 17 March 2023
IJB Clinical and Care Governance Committee – 24 March 2023
Strategic Planning Group – 17 August 2023

Decision

The Integration Joint Board noted the minutes of committees and groups.

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

10. Update on Level 4 Escalation
For Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Author: Ms Kerry Mackenzie, Head of Corporate Governance

Executive Summary

On the 23 November 2022, NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework (now Support and Intervention Framework) for concerns relating to Governance, Leadership and Culture. Concerns were also raised in relation to the completion of integration of health and social care in addition to a range of performance-related issues, notably in GP Out of Hours services, unscheduled care, and mental health, specifically, Child and Adolescent Mental Health Services and Psychological Therapies.

Stage 4 escalation brought direct formal oversight and coordinated engagement from Scottish Government in the form of an Assurance Board chaired by Christine McLaughlin, Director of Population Health. The purpose of the Assurance Board is to support NHS Forth Valley in providing focus and direction through strong leadership and effective governance and improved culture to deliver the sustainable changes and improvements required.

On the 19 December 2022, the Board of NHS Forth Valley approved the Escalation Improvement Plan and actions to strengthen leadership, governance, and culture.

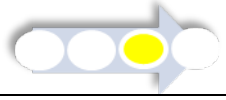
Recommendation

The Forth Valley NHS Board is asked to:

- **note** the background to escalation and the steps taken to meet the Assurance and Improvement Plan.
- **consider** the planned next steps in relation to ongoing actions.

Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A reasonable level of Assurance is proposed in that a project-based approach is being taken to support the delivery of the Assurance and Improvement Plan with high-level outcomes supported by clearly defined actions to demonstrate progress.

Background and current position

The Escalation Improvement Plan was centred around putting patients first, supporting our staff, and working in partnership whilst strengthening our leadership informed by effective governance and cultural improvement.

A number of immediate and short-term actions were agreed for the period to the end of March 2023. This included NHS Forth Valley reaching out to other NHS Boards who had been escalated to Stage 4 in the past to learn from their experiences and to ascertain best practice to help inform and support our own response. It was recognised that the Board's response, whilst learning from elsewhere, would also take direction and be informed by a number of diagnostic reviews notably in determining the effectiveness of our governance arrangements and cultural challenges. An independent review of Corporate Governance was commissioned in January 2023 and the work previously started around the Culture Change and Compassionate Leadership Programme was refocussed.

The Corporate Governance Review was commissioned to assist NHS Forth Valley in identifying any improvements to the approach taken to corporate governance that would be required to address the range of performance-related issues included in the NHS Forth Valley Improvement Plan. The Corporate Governance Review Terms of Reference were approved by the NHS Board in January 2023 with the review outputs initially anticipated in June 2023.

On 31 March 2023, the then Chief Executive wrote to Christine McLaughlin, Chair of the NHS Forth Valley Assurance Board by way of a progress update and to highlight the approval of our Escalation Improvement Plan version 2 by the NHS Board on 28 March 2023.

Escalation Improvement Plan version 2 was in place for the period March to August 2023. This included new and ongoing actions from the first iteration of the plan and focussed on medium to longer term achievements. In November 2023 the NHS Board noted a paper 'Escalation Improvement Plan v2: Close out Report', which detailed completion and progress of actions. It highlighted that the Plan had identified 17 high level actions broken down into 64 sub actions. In reviewing progress with the plan, 61% of the sub actions were complete. The remaining actions that were underway continued into the third iteration of the Escalation Improvement Plan known as the Assurance and Improvement Plan and have been monitored within that governance structure.

In November 2023, the NHS Board also approved the Assurance and Improvement Plan. This built upon the work already undertaken in the first two versions and provided an overview of the key actions and priorities for the period to the end of March 2024, along with details of specific outcomes, leads and timescales. It was agreed that the plan would be updated to reflect the recommendations from the Corporate Governance review report to ensure that any outstanding actions were addressed.

A Board self-assessment was undertaken in September 2023 with the review of Corporate Governance Report received in October 2023. Work was concluded to map these two pieces of work to ensure that any outstanding actions were captured within the Assurance and Improvement Plan.

Work continues to progress with many improvements in both usual and new business processes. Work across all of the priority areas is being embedded in normal business arrangements, to support continuous improvement and progress changes across the whole system.

Significant progress has been made against the Assurance and Improvement Plan and we are seeing the positive impact and outcomes while continuing to prioritise and close out any remaining actions. Over the past 18 months as work has been undertaken to address agreed actions, plans have adapted to respond to the requirement for continuous learning and improvement. Of note is that where an action has been marked as complete it should be recognised that there is a plan in place to ensure the work is being progressed. It is

acknowledged that in many cases the work will never be concluded as it becomes embedded in our normal annual cycle of business.

As a learning organisation we acknowledge that we are on a continuous improvement journey.

Next Steps
As work to deliver actions within the Assurance and Improvement Plan continues, we begin to concentrate on any outstanding actions that require ongoing focus.

To support 'closure' of the Assurance and Improvement Plan, Internal Audit colleagues have been commissioned to undertake an audit of the evidence provided within the plan to ascertain if this supports completion of actions. This work will commence following the end of year audit work in early June 2024. Preparatory work has been undertaken in this regard to ensure that all actions have been updated appropriately and that the relevant supporting evidence is in place.

The Chair of NHS Forth Valley along with the Escalation Performance and Resources Committee Chair and the Head of Corporate Governance will meet to review the Assurance and Improvement Plan, informed by Internal Audit findings, with a view to clearly identifying any outstanding actions. These actions will transition from the current plan to an updated plan focusing attention on key themes demonstrating areas where improvement work needs to continue.

The next Escalation Performance and Resources Committee is scheduled on 18 June 2024. This will provide an opportunity for members to feed into the updated plan focusing on outstanding actions.

The updated plan will then be taken to the Assurance Board arranged for 27 June 2024 for review and discussion ahead of presentation at the July meeting of the NHS Board.

Implications

Financial Implications
There are no direct financial implications in respect of this paper however cost improvement and value have been identified as additional improvement actions. Note however that these are not related to escalation.

Workforce Implications
There are no direct workforce implications in respect of this paper however the improvement actions identified under the headings of Culture, Leadership and Governance will support our workforce.

Infrastructure Implications including Digital
There are no direct infrastructure implications in respect of this paper.

Sustainability Implications
There are no direct Sustainability Implications in respect of this paper.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. (A policy for NHS Scotland on the climate emergency and sustainable development)

☒ Yes

☐ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
All the actions set out in the Assurance and Improvement Plan are intended to support improvements in service quality and patient experience. The links between good leadership, governance and culture are well evidenced most recently, in the Blueprint for Good Governance[1]'*For NHS Scotland to be successful in delivering quality healthcare, good governance is necessary but not sufficient if NHS Boards are to meet or exceed the expectations of their principal stakeholders. To do that, the organisation must also excel at day-to-day management of operations and the implementation of change*.'

Information Governance Implications
There are no direct information governance implications in respect of this paper.

Risk Assessment / Management
A risk register has been developed in relation to the delivery of the Assurance and Improvement Plan actions and is included within the plan.

Relevance to Strategic Priorities
The Assurance and Improvement Plan impacts on all the extant Corporate Objectives approved by the NHS Board in March 2023, namely:

- Plan for the future.
- Protect and improve the Health and Wellbeing of the people of Forth Valley whilst reducing health inequalities.
- Support broader social and economic development.
- Improve our focus on safety, quality, and sustainability.
- Value and develop our people.
- Demonstrate best value using our resources.
- Promote and build integrated services locally and regionally.
- Build systems and processes to direct, control and improve our authorising and operating environments.
- Demonstrate behaviours that nurture and support transformational change across our health and care system.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
The Assurance and Improvement Plan has been developed by the Executive Leadership Team with actions being progressed and updated by members.

[1] http://www..gov.scot/publications/blueprint-good-governance-nhs-scotland-second-edition/

Healthcare Improvement Scotland | Inspections and reviews
To drive improvement

Unannounced **Follow-up** Inspection Report

Acute Hospital Safe Delivery of Care Inspection

Forth Valley Royal Hospital

NHS Forth Valley

22 – 24 January 2024

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Published April 2024

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About our inspection

Background

In November 2021 the Cabinet Secretary for Health and Social Care approved Healthcare Improvement Scotland inspections of acute hospitals across NHS Scotland to focus on the safe delivery of care. Taking account of the changing risk considerations and sustained service pressures the methodology was adapted to minimise the impact of our inspections on staff delivering care to patients. Our inspection teams are carrying out as much of their inspection activities as possible through observation of care and virtual discussion sessions with senior hospital managers. We will keep discussion with clinical staff to a minimum and reduce the time spent looking at care records.

From April 2023 our inspection methodology and reporting structure were updated to fully align to the Healthcare Improvement Scotland Quality Assurance Framework. Further information about the methodology for acute hospital safe delivery of care inspections can be found on our website.

Our Focus

Our inspections consider the factors that contribute to the safe delivery of care. In order to achieve this, we:

- observe the delivery of care within the clinical areas in line with current standards and best practice
- attend hospital safety huddles
- engage with staff where possible, being mindful not to impact on the delivery of care
- engage with management to understand current pressures and assess the compliance with the NHS board policies and procedures, best practice statements or national standards, and
- report on the standards achieved during our inspection and ensure the NHS board produces an action plan to address the areas for improvement identified.

Our Approach

This was a follow-up inspection in response to concerns about the safe delivery of care identified in two previous inspections of Forth Valley Royal Hospital in 2022.

We carried out an unannounced inspection of Forth Valley Royal Hospital in April 2022 which resulted in Healthcare Improvement Scotland formally writing to NHS Forth Valley to escalate serious concerns about patient safety.

During our subsequent unannounced follow-up inspection in September 2022, we raised further serious concerns relating to the safe delivery of care. These included procedures and processes for contingency beds and staff wellbeing, including culture and leadership within the hospital. This resulted in us once again formally writing to NHS Forth Valley and to Scottish Government in line with level 2 of Healthcare Improvement Scotland and Scottish Government: operating framework.

Our April 2022 inspection resulted in nine requirements, three of which were met during our follow up inspection in September 2022. However, a further 11 new requirements were made to NHS Forth Valley following our September inspection.

This resulted in a total of 17 requirements being made to the NHS Board as listed below:

Outstanding inspection requirements from 2022
1. NHS Forth Valley must ensure that care and comfort rounding charts are completed within the prescribed time frames.
2. NHS Forth Valley must ensure that all staff comply with hand hygiene and the use of gloves in line with the National Infection Prevention and Control Manual.
3. NHS Forth Valley must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care where additional beds or non-standard care areas are in use. The NHS board must ensure all of the issues raised through our escalation process are addressed and the improvements made are maintained.
4. NHS Forth Valley must ensure that senior management decision making regarding staffing risks and mitigations are open and transparent.
5. NHS Forth Valley must ensure it has a clear understanding of the number of actual staff in post and that workforce data is accurately presented.
6. NHS Forth Valley must ensure that systems and processes are in place to identify, assess, manage and effectively communicate patient safety risks throughout the organisation.
7. NHS Forth Valley must ensure overcrowding within the emergency department and admission areas within Forth Valley Royal Hospital is managed safely, to reduce the risk to patients and staff.
8. NHS Forth Valley must ensure that patient's privacy and dignity is maintained at all times.
9. NHS Forth Valley must ensure the safe and secure use of medicines at all times, including the storage and administration of medicines.

10. NHS Forth Valley must ensure the safe delivery of care to all patients within the hospital including the emergency department and admission and assessment areas.
11. NHS Forth Valley must ensure detailed and effective plans are in place and staff are aware of these, to ensure safe fire evacuation of patients and staff within overcrowded areas.
12. NHS Forth Valley must ensure that all staff who are carrying out a triage assessment are trained to ensure this is carried out safely, resulting in a reliable patient assessment.
13. NHS Forth Valley must ensure all patient equipment is clean and ready for use.
14. With the significant changes to the skill mix, resulting in lower levels of registered staff nurses on duty, NHS Forth Valley must have a system in place to monitor for any adverse impact this may have on the safe delivery of care.
15. NHS Forth Valley must ensure that senior management oversight and support is effective, to reduce the risks for staff and patients receiving care at times of extreme pressure within Forth Valley Royal Hospital.
16. NHS Forth Valley must ensure the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety.
17. NHS Forth Valley must ensure meaningful engagement with staff who are raising concerns, to ensure an open and transparent culture, ensuring essential learning from staff concerns is taken and used to make improvements for staff and the patients receiving care.

To address these requirements, and the serious concerns highlighted in line with our safe delivery of care methodology, NHS Forth Valley submitted an improvement plan detailing the actions it intended to take in response to the concerns we identified.

Following the quality and safety concerns identified as a result of this inspection, Healthcare Improvement Scotland was commissioned to provide improvement support to NHS Forth Valley to build on the local improvement work being undertaken to address key safety issues. To deliver this, a dedicated team was developed drawing on relevant expertise from across the organisation, including the Scottish Patient Safety Programme Acute Care, Excellence in Care, the Healthcare Staffing Programme and Data Measurement and Business Intelligence.

The team constructed bespoke improvement support focused on the priorities identified by the board including:

- Hospital huddles - further development of the hospital huddle process to support safe care through effective communication and coordination at a site level.
- Supporting the implementation of real time staffing assessment, in line with the Health and Care (Staffing) (Scotland) Act, to ensure appropriate staffing arrangements in place to meet patient and service need and the identification and mitigation of risks associated with safe staffing.
- Supporting to improve patient safety in relation to the use of contingency beds in times of system pressures.
- Facilitating the development of a board level aim and improvement plan for the delivery of fundamental care including focused work in the emergency department and acute admission units.
- Measurement support in the use of quantitative data to measure the safety and quality of care.

The NHS board was supported to work as an interdisciplinary team to understand its system, set improvement aims, establish measurement, identify change ideas and test them. Following completion of the 12 week support package, ongoing support was agreed to be embedded within existing programmes, within Healthcare Improvement Scotland.

We returned to carry out an unannounced follow-up inspection of Forth Valley Royal Hospital in January 2024. The purpose of this follow-up inspection was to assess progress made against the actions contained within the NHS Forth Valley improvement action plan and the serious patient safety concerns raised through our formal escalation process.

About the hospital we inspected

Forth Valley Royal Hospital, Larbert is a 687-bedded hospital. A total of 438 beds support acute inpatient care and the other beds support women and children's services and mental health services. The hospital provides a range of outpatient, inpatient and day services such as day surgery, emergency care, critical care, women and children and mental health services.

During our previous inspections we inspected the following areas:

- acute assessment unit
- cardiology
- clinical assessment unit
- emergency department
- intensive care unit
- ward A22
- ward A31
- ward A32
- ward B11
- ward B12

- surgical assessment unit
- ward 8
- ward A12
- ward A21
- ward B21
- ward B22
- ward B23, and
- ward B31.

To provide assurance of improvement within these areas and across the range of specialties during this follow-up inspection, we inspected the following areas in line with our safe delivery of care acute hospital methodology.

- acute assessment unit
- children's ward
- clinical assessment unit
- emergency department
- intensive care unit
- urgent care centre
- ward 6
- ward 8
- ward A11
- ward A12
- ward A21
- ward A22
- ward A31
- ward A32
- ward B11
- ward B12
- ward B22
- ward B23
- ward B31, and
- ward B32.

During our inspection, we:

- inspected the ward and hospital environment
- observed staff practice and interactions with patients, such as during patient mealtimes
- spoke with patients, visitors and ward staff, and

  accessed patients' health records, monitoring reports, policies and procedures.

As part of our inspection, we also asked NHS Forth Valley to provide evidence of its policies and procedures relevant to this inspection. The purpose of this is to limit the time the inspection team is onsite, reduce the burden on ward staff and to inform the virtual discussion session.

We held several virtual meetings with key members of NHS Forth Valley staff during February 2024 to discuss the evidence provided and the findings of the inspection.

The findings detailed within this report relate to our observations within the areas of the hospital we inspected at the time of this inspection.

We would like to thank NHS Forth Valley and in particular all staff at Forth Valley Royal Hospital for their assistance during our inspection.

A summary of our findings

Our summary findings from the inspection, areas of good practice and any recommendations and requirements identified are highlighted as follows. Detailed findings from the inspection are included in the section 'What we found during this inspection'.

During our safe delivery of care inspection in April 2022, we raised a number of concerns with NHS Forth Valley. Our inspection findings resulted in nine requirements necessary to meet national standards and we formally wrote to NHS Forth Valley to escalate our serious concerns. During our subsequent unannounced follow-up inspection in September 2022, we raised further serious concerns which resulted in us again formally writing to NHS Forth Valley and Scottish Government in line with Healthcare Improvement Scotland and Scottish Government: operating framework.

The follow-up inspection in September 2022 resulted in a further eleven requirements and we also found that six of the requirements from our April inspection were not met. This resulted in a total of 17 outstanding requirements which have formed the basis for this follow-up inspection.

At the time of this follow-up inspection Forth Valley Royal Hospital was experiencing a range of pressures, including increased patient numbers and reduced staff availability. As we have seen in several other NHS boards this has resulted in NHS Forth Valley implementing the use of additional non-standard care areas.

During this follow-up inspection we have been assured that significant progress has been made by NHS Forth Valley in all of the areas highlighted during our previous inspections.

We observed an open and supportive culture with senior hospital managers displaying a good oversight of both clinical and wider system pressures. Staff described a visible senior hospital management team and felt able to raise concerns. Patients and relatives were complimentary about their care and the staff providing it.

Despite increased hospital capacity, the areas inspected were calm and well led with hospital teams working together to provide compassionate care.

Inspectors observed a significant improvement in both the emergency department acute admission and clinical assessment units. These areas were calm, organised and well led and the patients and relatives we spoke with were complimentary about care provided.

Learning from patient feedback audits in the clinical assessment and acute admissions waiting areas are being used to implement change to improve patient experience.

The majority of staff we spoke with described Forth Valley Hospital as a good place to work with a supportive and visible senior management team and an improvement in culture since our previous follow-up inspection in September 2022.

We observed that both the staffing and hospital wide safety huddles followed a structured format and were open and transparent and promoted a culture of psychological safety where staff felt able to raise any concerns. NHS Forth Valley recognised this remains a focus of their improvement work.

Eight of the 17 requirements from our previous safe delivery of care follow-up inspection in September 2022 have been met with the remaining nine being partially met. We acknowledge and are assured that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet these remaining requirements. However, where appropriate, new requirements have been given to enable a new focus for improvement.

Further areas for improvement have been identified during this inspection, these include improved compliance with paediatric immediate life support training, the safe storage of cleaning products, ensuring patients who require assistance at mealtimes receive this in a timely manner, management of waste and ensuring the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act.

Through completion of this follow-up inspection, we are assured progress has been made by NHS Forth Valley to satisfy the serious patient safety concerns previously raised under our formal escalation process.

What action we expect the NHS board to take after our inspection

This follow-up inspection resulted in eight areas of good practice, one recommendation and 12 requirements.

A requirement in the inspection report means the hospital or service has not met the required standards and the inspection team are concerned about the impact this has on patients using the hospital or service. We expect all requirements to be addressed and the necessary improvements implemented.

A recommendation relates to best practice which Healthcare Improvement Scotland believe the NHS board should follow to improve standards of care.

We expect NHS Forth Valley to address the requirements. The NHS board must prioritise the requirements to meet national standards. An improvement action plan has been developed by the NHS board and is available on the Healthcare Improvement Scotland website: https://www.healthcareimprovementscotland.scot

Areas of good practice from this follow-up inspection

The unannounced follow-up inspection to Forth Valley Royal Hospital resulted in eight areas of good practice.

Domain 1	
1	We observed hospital teams working together to provide compassionate care (see page 22).
2	Learning from patient feedback audits in the clinical assessment and acute admissions waiting areas are being used to implement change to improve patient experience (see page 22).

Domain 2	
3	We observed open and transparent hospital safety huddles with a focus on patient care (see page 28).
4	Senior staff were visible and accessible to staff delivering care (see page 28).
5	There was visible nursing leadership in ward areas (see page 28).

Domain 4.1	
6	Despite significant pressures we observed the emergency department, acute assessment and clinical assessment units were calm and well led (see page 39).
7	We observed positive and caring interactions between staff and patients (see page 39).

Domain 6	
8	We observed staff working hard to treat patients with dignity and respect (see page 45).

Recommendation from this follow-up inspection

The unannounced inspection to Forth Valley Royal Hospital resulted in one recommendation.

Domain 4.1	
1	Patients should be assisted with hand hygiene prior to mealtimes where required (see page 39).

Requirements from this follow-up inspection

The unannounced inspection to Forth Valley Royal Hospital resulted in 12 requirements.

Domain 1	
1	NHS Forth Valley must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates (see page 23). This will support compliance with: Health and Social Care Standards (2017) criteria 1.13 and 3.14 and Nursing and Midwifery The Code: sections 9.4 and 13.5
2	NHS Forth Valley must ensure all emergency exit buttons are clear and easily accessible and all staff are aware of risk assessments and processes in place regarding fire safety (see page 23). This will support compliance with: Quality Assurance Framework (2022), Health & Social Care Standards (2017) and NHS Scotland 'Firecode' Scottish Health Technical Memorandum SHTM 83 (2017) Part 2; The Fire (Scotland) Act (2005) Part 3, and Fire Safety (Scotland) Regulations (2006).

Domain 2	
3	NHS Forth Valley must ensure that triage assessments are provided consistently to ensure a reliable patient assessment (see page 29). This will support compliance with: Health and Social Care Standards (2017) criteria 1.13 and 3.14 and relevant codes of practice of regulated healthcare professions.
4	NHS Forth Valley must ensure staff assessments of the suitability of patients to be cared for in contingency beds are recognised and supported (see page 29). This will support compliance with: Quality Assurance Framework (2022) Indicator 4.1 and Health and Social Care Standards (2017) Criteria 1.24.

Domain 4.1	
5	NHS Forth Valley must ensure that patients who require assistance at mealtimes receive this in a timely manner (see page 39). This will support compliance with: Food, Fluid and Nutritional Care Standards (2014) Standard 4, The Quality Assurance Framework (2022) indicator 4.1; and relevant codes of practice of regulated healthcare professions.
6	NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit (see page 39). This will support compliance with: The Quality Assurance Framework (2022); and relevant codes of practice of regulated healthcare professions.
7	NHS Forth Valley must ensure that when additional beds are in use, patient privacy and dignity is maintained and that patients using doorbell type call bells are aware that they do not continuously ring once pressed (see page 39). This will support compliance with: Quality Assurance System (2022) Criteria 4.1 and to comply with Health and Social Care Standards (2017) Criteria 4.19, Care of Older People in Hospital Standards (2015): standards 15.1 - 15.4 and Health & Social care standards (2017): standards 4, 4.11, 4.14, 4.15, 4.17 and 4.19.
8	NHS Forth Valley must ensure that all patient care documentation is accurately and consistently completed and reviewed (see page 39). This will support compliance with: Quality Assurance System (2022) Criteria 4.1 and relevant codes of practice of regulated healthcare professions.

9	NHS Forth Valley must ensure all staff comply with hand hygiene, the use of gloves and appropriate wearing of jewellery (see page 39). This will support compliance with: National Infection Prevention and Control Manual (2024).
10	NHS Forth Valley must ensure that: - All staff comply with the safe management of waste including sharps and linen (see page 40). All patient equipment is clean and ready for use, including mobile patient privacy screens (see page 40). The hospital environment maintained and equipment stored in a manner to enable effective cleaning (see page 40). Cleaning products are stored safely and securely (see page 40). This will support compliance with: National Infection Prevention and Control Manual (2024), Infection Prevention and Control Standards (2022) and Healthcare Associated Infection (HAI) standards (2015) Criteria 8.1. Control of Substances Hazardous to Health (COSHH) Regulations (2002).
11	NHS Forth Valley must ensure the safe storage and administration of medicines at all times (see page 40). This will support compliance with: Royal Pharmaceutical Society and Royal College of Nursing Professional Guidance on the Administration of Medicines in Healthcare Settings (2019) and relevant codes of practice of regulated healthcare professions.

Domain 6

12	NHS Forth Valley must ensure the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act). (see page 48). This will support compliance with the Mental Health (Care and Treatment) (Scotland) Act 2003

What we found during this follow-up inspection

Domain 1 – Clear vision and purpose

Quality indicator 1.5 – Key performance indicators

Despite increased hospital capacity the areas we inspected were calm and well led, with hospital teams working together to provide compassionate care.

During our previous follow-up inspection in September 2022, three requirements were given in relation to key performance indicators. Our findings are that NHS Forth Valley has made significant improvements to address these requirements.

At the time of this inspection NHS Forth Valley, like much of NHS Scotland, was experiencing significant pressures including increased hospital capacity, reduced staff availability and increased waiting times in the emergency department. During the onsite inspection Forth Valley Royal Hospital was operating at over 120% capacity. This increased capacity has resulted in NHS Forth Valley implementing the use of additional beds to improve patient flow, reduce overcrowding in the emergency department and admission units and prevent delays in patients moving from ambulances to hospital care.

The national target for accident and emergency waiting times means that 95% of patients should wait no longer than 4 hours from arrival at the emergency department before admission, discharge or transfer for other treatment. Across NHS Scotland for the week ending 28 January, 62.7% of patients were seen within the four hour target with 38.1% of patients seen within the four hour target at Forth Valley Royal Hospital. On the second day of our onsite inspection the emergency department was operating at 193.3 % capacity with 15 patients waiting over 12 hours for admission to an appropriate care area. NHS Forth Valley's response to this will be discussed further in domain 2 of this report, while the impact on patient care will be discussed in domain 4.1.

Further information on emergency department attendances can be found at NHS Perform NHS Performs | Home.

As part of this follow-up inspection, we asked NHS Forth Valley to provide evidence of any incidents or adverse events reported by staff through the incident reporting system in relation to patient safety within the emergency department, acute admission unit and clinical assessment unit at Forth Valley Royal Hospital for the three months prior to our inspection.

Evidence provided by NHS Forth Valley includes an incident where a patient became critically unwell whilst in the waiting room. The patient had been brought in by the Scottish Ambulance Service and transferred to the waiting room due to lack of space in

the emergency department. Emergency department staff recognised the patient was critically unwell and transferred them to the resuscitation area of the department for immediate treatment. We can see from further evidence requested in relation to this incident that it is currently under review by NHS Forth Valley's adverse events review group, with further information requested from the Scottish Ambulance Service to enable the review to progress.

During this inspection, emergency department staff told inspectors that when ambulance crews assess that patients are well enough to wait in the waiting room this is now discussed with the nurse in charge, and the patient is handed over to the triage nurse. Patients who are not well enough to wait in the waiting room are brought into the department and wait in a corridor area under the care of the ambulance crew until a space is available to transfer them within the emergency department.

During our onsite inspection we observed one patient who had been waiting with the ambulance crew for two hours whilst awaiting a space within the main department. The patient had been transferred to a hospital trolley and had cardiac monitoring in situ. The ambulance crew advised that this enabled ongoing monitoring of the patients' condition so that any concerns could be escalated to the emergency department staff. We were also told by the ambulance crew that the emergency department staff were responsive when concerns were raised.

Forth Valley Royal Hospital provides inpatient paediatric services. Paediatric patients are assessed and treated within the emergency department. The majority of nursing staff within the emergency department are trained to provide adult care. Evidence provided included the referral and admission arrangements for children and young persons attending the emergency department. This includes that all patients should have a paediatric early warning score recorded on arrival and that any with a score above four should receive a medical review within fifteen minutes.

As part of the inspection process, we asked for the training compliance for registered nurses who had completed further paediatric life support training. Paediatric life support training includes basic paediatric life support, paediatric immediate life support and advanced paediatric life support. The Royal College of Paediatrics and Child Health standards 'Facing the Future: Standards for children in emergency care settings' documents that every emergency department treating children must have their qualified staff trained in infant and child basic life support, with one member of staff on duty at all times who has advanced paediatric life support (or equivalent training).

Evidence provided by NHS Forth Valley includes the paediatric immediate life support training compliance figures for the emergency department at Forth Valley Royal Hospital. We can see from this evidence that only 19% of registered nurses have completed the paediatric immediate life support course. This course is developed by

the Resuscitation Council UK for health professionals who may have to manage and treat paediatric patients in an emergency. We raised concerns regarding the percentage of registered nursing staff who had completed the paediatric immediate life support course with senior managers. We were advised that training compliance was low due to an increased number of nursing staff who are new to the department in combination with reduced availability of training. Further evidence highlights that five registered nurses within the department have completed the advanced paediatric life support course with two more booked on to complete the course in March 2024. Senior managers confirmed that there is always a member of medical staff on duty in the emergency department who is paediatric advanced life support (or equivalent) trained. In addition to this, paediatric nursing staff from ward areas provide support to the emergency department if required in an emergency and can be contacted via a pager. However, this is a local agreement and not part of a standard operating procedure or pathway.

Senior managers have since confirmed the emergency department has a new clinical educator in post who will increase in house basic paediatric life support training. We were also advised that there is a further aim to provide paediatric immediate life support training on alternate Saturdays throughout April, May and June. It is predicted that this will enable 12-24 staff to complete training monthly.

We were advised that NHS Forth Valley are developing a secondment role for quality improvement work which will incorporate the Scottish Patient Safety Programme 2023 paediatric programme change package. This package aims to support teams to improve the recognition, response and review of the deteriorating child and young person.

A requirement has been given to support improvement in this area.

During our previous follow-up inspection in September 2022, we observed extreme overcrowding in the emergency department and acute admissions unit and were not assured mitigations were in place to ensure patient and staff safety. This included concerns regarding the provision of fundamentals of care including the provision of regular medication and pain relief. These concerns were highlighted through our formal escalation process and resulted in the following requirement.

Outstanding Requirement 7 from September 2022 visit
NHS Forth Valley must ensure overcrowding within the emergency department and admission areas within Forth Valley Royal Hospital is managed safely, to reduce the risk to patients and staff.

During this follow-up inspection Forth Valley Royal Hospital continued to be under extreme pressure with both the hospital and emergency department operating above capacity. Despite this, inspectors observed a significant improvement in the emergency department, acute assessment and clinical assessment units, which were calm, organised and well led. Three new senior charge nurse posts had been implemented in the emergency department to provide senior nurse leadership where able on each shift. Staff also told us this had enabled the senior charge nurses to have time to lead. The senior charge nurse on duty explained that staff forums are being introduced to enable staff to raise concerns and share information.

Patients and relatives we spoke with were complimentary about care provided. We spoke with two patients who had been in the emergency department for 24 hours who described the staff as kind and attentive. Both patients had been transferred from patient trolleys to hospital beds and looked well cared for. Whilst one patient was nil by mouth, the other patient described that they had been provided with soup and sandwiches as refreshment.

On the second day of inspection the emergency department was operating at 193.3% capacity. Additional patients who were assessed as being clinically suitable were being cared for in a seated area within the department. This area had seven high backed chairs with each chair space numbered and input within the electronic system enabling oversight of all patients in the department. Staff described the role of the 'flexi' nurse within the department. The 'flexi' nurse is responsible for patients who are being cared for out with dedicated cubicle spaces to ensure that observations are recorded and the fundamentals of care are provided. We observed two patients on beds being cared for in the corridor, both patients appeared well cared for and informed inspectors they were happy with the care provided.

Evidence provided by NHS Forth Valley includes the Forth Valley Royal Hospital emergency department care and comfort rounding checklist. Care and comfort rounding is when staff review the care of individual patients at defined regular intervals to anticipate any care needs and ensure the timely provision of fundamentals of care. The emergency department care and comfort rounding checklist includes current pain score, if analgesia has been offered and accepted, food and fluid requirements, skin assessment and elimination needs. There is also an area for staff to sign that patients have access to a call bell or other means of contacting staff. The chart also has a column in red to prompt staff to ask if patients are on regular time critical medication such as insulin or anti-epileptic drugs. We observed good completion of the care and comfort rounding charts in the emergency department.

The medical receiving facilities at Forth Valley Royal Hospital incorporates the clinical assessment unit and acute assessment unit. Patients can be referred to the unit for assessment from several areas, including general practice or the emergency department.

The medical receiving facilities were extremely busy during this follow-up inspection due to increased admissions and reduced capacity within the hospital. Despite these pressures inspectors observed that the areas were calm, organised and well led. Patients appeared well cared for and patients we spoke with were complimentary about the care they had received.

Staff we spoke with informed us of the introduction of the role of the safety nurse. The safety nurse is responsible for the care of patients who are awaiting assessment within the acute assessment unit. Evidence provided by NHS Forth Valley includes a breakdown of the safety support nurse role within the unit. This includes the triage of patients on arrival, completion of care rounding, review of patients in the waiting areas and escalation of any patient concerns to the nurse in charge. Staff also showed us the national early warning score 2 recording sheet for the patients waiting in the chaired and waiting area. This records the patient's arrival time, national early warning score, when patient's physical observations are next due and if there are any clinical concerns and if so that these have been escalated. The National Early Warning Score 2 is a scoring system allocated to physiological measurements such as blood pressure and pulse. Its purpose is to improve the detection and response to patients who are at risk of or have become more unwell.

Evidence provided by NHS Forth Valley includes the clinical assessment and acute assessment unit care rounding chart. These include National Early Warning Score 2 scores and vital signs recording frequency, pain management, fluids and nutrition and any time critical medication. Inspectors observed that the care and comfort rounding charts they were able to review had been fully completed.

Further evidence returned includes the 'fit to sit' criteria for patients who are awaiting assessment in the medical receiving facilities, either in the acute assessment waiting room or clinical assessment seated areas. This includes both inclusion and exclusion criteria and is recorded on the care rounding documentation. Patients we observed in the clinical assessment unit seating area met the inclusion criteria and those we spoke with were complimentary about the care provided. We also observed staff following the guidance to ensure a potentially immunocompromised patient was placed in an individual side room. Immunocompromised patients have a reduced ability to fight infection and are at an increased risk of developing infections.

During the virtual discussion session hospital managers advised of ongoing patient feedback questionnaires for patients in the clinical assessment unit seated area and acute assessment waiting area. Evidence provided included copies of the questionnaires which are completed approximately every three weeks and include questions such as if the patient was welcomed on arrival to the ward and if they felt safe during their time waiting to be seen. These show that since November 2023, 100% of patients felt safe whilst waiting to be seen in the chaired area of the clinical assessment unit. 100% felt safe whilst in the waiting room of the acute assessment

unit apart from the entry for 18 January 2024, which was 80%. Returned evidence includes the themes from the feedback audits, including what the patients say the units do well and what could be done better plus an update of what has been done to improve the patient's journey. This includes the introduction of patient information leaflets about the units and the introduction of the safety nurse role.

Whilst the seated area for the clinical assessment unit is within the main ward, the seated waiting area for the acute assessment unit is a separate area with a reception desk. Staff told inspectors that the reception desk is not manned out of hours. There is no available call bell within this waiting area, however we did observe signage in the waiting room with a dedicated patient phone to contact the safety nurse if patients have any concerns and reception staff are not available. The allocated patient safety nurse is responsible for ensuring patients in both waiting areas are reviewed and have care and comfort rounding charts and observations recorded appropriately.

Scottish Government emergency signposting guidance seeks to ensure patients receive care in the most appropriate setting while helping to reduce overcrowding and delays in emergency departments and acute admission units. Further information can be found at Emergency Department signposting/ redirection guidance - gov.scot (www.gov.scot).

Returned evidence from NHS Forth Valley includes the systems and processes in place to reduce overcrowding in the emergency department. This includes the onward referral of patients to specialist services within Forth Valley Royal Hospital such as maternity services or the rapid assessment and care unit. The rapid assessment and care unit takes referrals from general practitioners and the emergency department and is open from 08:00 – 20:30. We were provided with the criteria led pathways for referral into the unit these include, palpitations, low risk chest pain, transient loss of consciousness and deep veined thrombosis. The pathways include inclusion and exclusion criteria for each pathway. We attended the hospital wide morning safety huddles as part of this follow-up inspection where staff from the rapid assessment unit highlighted the number of patients in the emergency department that would be suitable for transfer.

We observed clear signage in the emergency department waiting room which describes the patient journey and potential redirection to other services if more appropriate.

We recognise the significant improvement made by NHS Forth Valley to meet this requirement.

This requirement has been met.

During our previous inspection in September 2022, we raised concerns regarding the triage process and triage training in the acute admissions unit. This resulted in the following requirement.

Outstanding Requirement 12 from September 2022 visit
NHS Forth Valley must ensure that all staff who are carrying out a triage assessment are trained to ensure this is carried out safely, resulting in a reliable patient assessment.

Triage is an essential part of emergency department care. On a patient's arrival to the emergency department, the person responsible for triage assesses the patient's needs and assigns the priority of treatment required. Forth Valley Royal Hospital emergency department introduced a two tier triage system in 2022. This system is based on a 'sieve and sort' system.

All patients are triaged under the 'sieve' tier, this triage should be completed within fifteen minutes of the patient's arrival and is a rapid simple safety triage. Patients are prioritised in order of clinical need with those categorised as requiring immediate or very urgent clinical care being taken straight to a clinical area within the emergency department. All other patients will receive enhanced triage under the second tier 'sort'. Only patients who are assessed as being clinically well enough to wait are reviewed under enhanced triage. The enhanced triage team includes a senior clinical decision maker, registered nurse and healthcare support worker. A focused history and examination will be undertaken by the clinician to determine the need for appropriate investigations and direction onto alternative pathways. These include emergency department review, admission to the hospital, redirection to other appropriate services or discharge home. Patients who have been triaged as appropriate for review by the sort team will be re-triaged if waiting longer to be seen than triage guidelines, as will any patient waiting longer than four hours since last clinical contact.

We asked hospital managers at the virtual discussion what processes are in place to ensure patients are re-triaged as indicated. We were advised that the nurse in charge will coordinate and assess if patients are being re-triaged. Time to triage is discussed at the hospital safety huddles and any delays in triage times are escalated via the site page holder.

Incident reports provided by NHS Forth Valley included three incidents where patients had been triaged as suitable to wait in the waiting room despite having conditions or injuries which put them at risk of sudden deterioration. We asked for an update and further information on these incidents. We can see from this evidence that senior managers are currently reviewing these incidents to support learning and promote opportunities for improvement.

Senior managers told us that lessons learned from the review of incident reports are shared via the use of monthly flash reports which include learning summaries. Incident report oversight and management will be discussed further in domain 2.

We asked senior managers what processes were in place regarding triage training for the emergency department staff to mitigate any further risk of similar incidents. We were told that targeted training had been put in place and that the clinical nurse educator was working to improve triage training compliance. Returned evidence include triage training dates between 12 February and 1 March of which there are 22 available training sessions.

Evidence provided by NHS Forth Valley includes a copy of the acute assessment unit and clinical assessment units triage information and competency booklet. This includes a flowchart of the process to be followed by the staff allocated to triage including the escalation process to report clinical concerns. Patients are triaged as red/very urgent, amber/urgent, green/non urgent and blue/ambulant depending on certain clinical criteria. For example, a reduced level of consciousness would be triaged as a red. The competency bookwork also includes the deteriorating patient escalation plan. Triage is part of the safety support nurse role and includes the completion of the time to triage sheet. This includes admission time, triage time, national early warning score 2 and if there is any clinical concern if this has been escalated. Staff advised inspectors that triage is always undertaken by a registered nurse.

During our onsite inspection staff in the acute assessment unit showed us the Forth Valley Royal Hospital admission assessment document which includes which triage category the patient has been assessed as. Staff informed us that the patients triage category is placed on the patient whiteboard in the medical/nurses office so that clinical staff can quickly see which patient needs prioritising.

Staff within the clinical assessment unit told inspectors of a recent test of change to provide enhanced triage by a clinician when the department has had a surge of admissions. Evidence provided by NHS Forth Valley includes the ‘plan, do, study, act’ cycle for this which describes the objective to determine if direct clinical assessment as opposed to initial triage will enable patients to be seen and treated more quickly.

We acknowledge the significant improvements made by NHS Forth Valley in relation to triage training and the triage process especially in both the clinical assessment and acute assessment units. However, the reported incidents in the emergency department highlights further improvements may be required to ensure all staff undertaking triage are trained to ensure this carried out safely, resulting in a reliable patient assessment.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

During our previous follow-up inspection in September 2022, we raised serious concerns regarding fire safety in the emergency department and acute admission units in relation to overcrowding and the potential impact on fire evacuation procedures.

Outstanding Requirement 11 from September 2022 visit
NHS Forth Valley must ensure detailed and effective plans are in place and staff are aware of these, to ensure safe fire evacuation of patients and staff within overcrowded areas.

As previously discussed, both the emergency department, acute assessment unit and clinical assessment unit were very busy at the time of this follow-up inspection. Despite this, inspectors observed that these areas were calm, well led and organised with staff having good oversight and awareness of how many patients were in each area.

We observed that both the emergency department and acute assessment unit had clearly identified fire exits and staff advised a fire marshal is rostered onto each shift, fire walk arounds are scheduled quarterly and fire training compliance is reviewed monthly.

Returned evidence from NHS Forth Valley includes the additional bed capacity fire evacuation arrangements plan for the emergency department, acute assessment unit and clinical assessment unit dated October 2022. This includes a fire evacuation map and available additional fire marshal training courses.

Further evidence provided includes the risk register entry for fire risk and fire training within the acute assessment unit and clinical assessment unit. This was reviewed in July 2023 and documents that there was a lack of regular fire marshal training. We discussed this with senior managers at the virtual discussion who advised that fire marshal training is available and that there is a fire marshal on each shift. Evidence provided includes the fire marshal training figures for the acute admissions and clinical assessment units which show that a total of 28 staff have completed their fire marshal training.

Further evidence provided regarding fire marshal training within the emergency department documents that as per NHS Forth Valley fire safety policy, all senior members of the team should be trained as fire marshals. Hospital managers advise that 21 senior nursing staff have now completed training and that there is a fire marshal allocated for every shift. Narrative within this evidence states that staff are compliant with yearly fire updates and that regular fire drills have been arranged.

Returned evidence includes the NHS Forth Valley annual fire safety awareness record. This is an individual staff record that is completed and signed by each individual staff member and manager. The record includes yearly checklists of staff fire awareness in a

number of areas such as evacuation, location of fire evacuation drawings and the location of medical gas shutdown valves. The form also records if the staff member has completed fire safety awareness training and a fire drill or evacuation within the past twelve months. We can see in evidence returned that 100% of clinical assessment unit staff and 81.5 % of acute assessment unit staff have completed their annual fire safety awareness training with ongoing training for the remaining staff.

Inspectors observed fire action and evacuation instructions in ward areas with fire marshals identified. The majority of staff we spoke with were aware of fire evacuation plans and that the contingency beds had been included in these plans. However, in several ward areas staff were unaware of any updated risk assessment or risk in relation to contingency beds and fire safety.

Inspectors visited the maternity unit during this onsite inspection. This area had two four bedded bays and a side room which had contingency beds in use for non-maternity patients to provide extra capacity within the hospital. We were provided with the fire register for the ward which documents all patients who are in the area on each shift, including patients in the contingency beds. We were also provided with the risk register form for the fire assessment which shows that the fire officer has been contacted as the fire drill is outstanding.

On the first day of this follow-up inspection, we observed that in two ward areas with locked doors that a piece of paper had been placed over the emergency exit button. We raised this with senior hospital managers who assured us that this would be rectified straight away. This was highlighted to staff at the morning hospital wide safety huddle the next day and we did not observe anymore emergency exit buttons covered with paper.

While we recognise the significant improvements made by NHS Forth Valley to meet this requirement some staff were not aware of further assessments or risk in relation to fire safety and contingency beds. We also observed that two areas had paper covering emergency exit buttons.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

Areas of good practice

Domain 1	
1	We observed hospital teams working together to provide compassionate care.
2	Learning from patient feedback audits in the clinical assessment and acute admissions waiting areas are being used to implement change to improve patient experience.

Requirements

Domain 1	
1	NHS Forth Valley must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates.
2	NHS Forth Valley must ensure all emergency exit buttons are clear and easily accessible and all staff are aware of risk assessments and processes in place regarding fire safety.

Domain 2 – Leadership and culture

Quality indicator 2.1 – Shared values

During this inspection we observed an open and transparent culture with senior clinical staff and managers working to support staff, mitigate risk and support patient safety. Senior hospital managers advised us this this would remain a focus of their improvement work. However, some staff raised concerns regarding the increased hospital capacity and subsequent need for contingency beds.

During our previous inspection in April 2022 and subsequent follow-up inspection in September 2022 five requirements were given in relation to leadership and culture. We raised concerns regarding the lack of visible senior management support and staff describing a culture of bullying and harassment. These concerns were highlighted through our formal escalation process and resulted in the following requirements.

Outstanding Requirement 16 from September 2022 visit
NHS Forth Valley must ensure the development of a positive culture where staff feel safe and supported to highlight risks and concerns in relation to staff and patient safety.
Outstanding Requirement 17 from September 2022 visit
NHS Forth Valley must ensure meaningful engagement with staff who are raising concerns, to ensure an open and transparent culture, ensuring essential learning from staff concerns is taken and used to make improvements for staff and the patients receiving care.

The majority of staff we spoke with during this follow-up inspection described Forth Valley Hospital as a good place to work with a supportive and visible senior management team and an improvement in culture since our previous inspection in

September 2022. Some staff however, highlighted their frustration regarding the use of contingency beds and felt their concerns were not always listened to by hospital managers. These staff described feeling pressured to admit patients who were not suitable for the contingency beds by the site and capacity team out of hours. We discussed this with senior hospital managers who advised that they were aware of these concerns and had introduced additional senior charge nurse posts out of hours to provide support in this area. During the inspection we also observed patients who are identified as not meeting the inclusion criteria for the contingency beds are reviewed daily by the clinical nurse managers. Further detail on the care provided within contingency beds will be discussed in domain 4.1.

NHS Forth Valley has a staff support and wellbeing internet page which recognises that staff continue to work in challenging times. The page provides a wide range of resources including information and signposting to provide support including physical wellbeing, mental health, financial wellbeing and a link to the national wellbeing hub. The site also has a link to the managers toolkit which provides an overview of information and resources that may be useful when considering and supporting staff. The toolkit also highlights the importance of selfcare. Staff we spoke with about health and wellbeing support advised that they were aware of the internet page and that it had the relevant contact details available.

The NHS Forth Valley workforce wellbeing plan (July 2022 - July 2025) is also available within the health and wellbeing support page. This includes the NHS board's pledges to meet the NHS Scotland Staff Governance Standards. These standards set out what each board must achieve in order to continuously improve in relation to the fair and effective management of staff. This includes the pledge to commit to an organisational culture that values the input of all staff members, empowering them to share ideas and learning and influence the direction of NHS Forth Valley.

Information about NHS Forth Valley 'speak up service' is also available on the intranet. The speak up service provides a confidential and impartial service available to enable staff to raise concerns confidentially if they prefer.

Evidence provided by NHS Forth Valley includes the introduction of the Culture Change and Compassionate Leadership programme to promote and lead the development of a positive organisational culture. This programme has included staff feedback such as focus groups and drop in sessions to enable staff to share their feelings regarding working for NHS Forth Valley.

During this inspection we observed that senior managers were visible throughout the hospital with both senior charge nurses and clinical nurse managers being seen to support the ward areas to provide safe care. Staff we spoke with described a culture of feeling safe and able to raise concerns relating to patient and staff safety. As previously discussed, we observed senior managers supporting staff to raise concerns

at both the staffing and hospital wide safety huddles. Huddles we attended had an open, transparent and supportive culture.

We acknowledge the significant, ongoing focused improvement being made by NHS Forth Valley to meet these requirements, with requirement 16 being met. However, the impact of the continued need to use additional beds has affected the ability to fully meet requirement 17. Therefore, a new requirement has been given to enable a new focus for improvement.

During our safe delivery of care inspection in April 2022, we raised concerns regarding staffing gaps and lack of oversight of safety risks by senior management. We also raised concerns regarding communication of patient safety risks throughout the organisation. Two requirements were given to support improvement in these areas. Whilst we observed some improvement during our follow-up inspection in September 2022 we were not fully assured, and these requirements were carried forward. We also gave two new requirements relating to the monitoring of adverse events and senior management oversight of risk.

Outstanding Requirement 4 from September 2022 visit
NHS Forth Valley must ensure that senior management decision making regarding staffing risks and mitigations are open and transparent.
Outstanding Requirement 6 from September 2022 visit
NHS Forth Valley must ensure that systems and processes are in place to identify, assess, manage and effectively communicate patient safety risks throughout the organisation.

Outstanding Requirement 14 from September 2022 visit
With the significant changes to the skill mix, resulting in lower levels of registered staff nurses on duty, NHS Forth Valley must have a system in place to monitor for any adverse impact this may have on the safe delivery of care
Outstanding Requirement 15 from September 2022 visit
NHS Forth Valley must ensure that senior management oversight and support is effective, to reduce the risks for staff and patients receiving care at times of extreme pressure within Forth Valley Royal Hospital.

During this follow-up inspection, we attended both the staffing and hospital wide safety huddles. These huddles are twice daily with the staffing huddle preceding the hospital wide safety huddle.

Forth Valley Royal Hospital incorporates an electronic staffing system for the acute adult areas which reports real time staffing levels within the nursing staff group. This system matches staffing levels to patient care need with each area entering patient acuity and dependency needs alongside live time staffing data. The system provides real time visibility of staffing levels across wards and departments in relation not only to staff and patient numbers, but also patient acuity and dependency, and care hours required. This provides a traffic light system with red areas having the highest shortfall of staff available to meet patients' needs. This enables informed decisions to be made when redeploying staff to help mitigate risk. The system provides assurance regarding patient safety, escalation of concerns and decisions taken to mitigate risk. This system is in the process of being implemented in other areas including the women and children's directorate, with the children's ward being in the preliminary stage of implementation. Currently the real time staffing for the maternity service is recorded twice daily on a different electronic platform with staffing being continually reviewed throughout the day. The department manager reviews any escalated concerns and provides feedback to staff regarding any mitigations or further escalation.

We observed that the staffing huddles are attended by senior nurses and the nurse in charge for each area. The dependency and acuity and any associated shortage in care hours for each area were discussed, with mitigation of risks documented on the electronic system. We observed that staff were supported and willing to raise any concerns during this meeting. The afternoon staffing meeting reviewed data and discussed any mitigations put in place to reduce risk which were recorded on the electronic platform. The nurse in charge of the ward or department adds professional judgment of patient acuity and dependency twice a day with the option to input any other significant changes throughout the day. Escalations regarding staffing concerns are via the site bleep holder who is supported by a clinical nurse manager. Staffing and workforce planning will be discussed further in domain 4.3.

The hospital wide safety huddles follow on from the staffing huddles and are attended by senior hospital managers as well as the nurse in charge of each area. We observed open and transparent updates from the staffing meeting, where risks and mitigations were discussed. Staff were able to discuss any ongoing concerns with support from hospital managers and senior nurses. The number of initial red areas were highlighted as were the mitigations in place to reduce the risk from red to amber, such as moving a member of staff to support. After mitigation the only area within the hospital to remain red was the emergency department due to being over capacity. We observed four additional registered nurses had been deployed to the emergency department to help to mitigate risk. Hospital managers confirmed that additional registered nurses were available for the night shift. Senior nursing staff later explained that potential need for supplementary staff is assessed proactively to improve availability.

Further discussion of patient safety during the huddle included the number of patients requiring enhanced observations; number of areas with locked doors in place,

including if risk assessments had been completed; number of contingency beds in place and if the patients met the criteria.

We observed the safety huddles had good representation from the multidisciplinary team including pharmacy, allied health professionals, infection control and diagnostics, all of which provided staffing updates. A reduction in available medical staff in the emergency department due to sickness was discussed, with senior managers allocating an action to review.

Evidence provided includes a copy of the morning hospital safety huddle template for the second day of our inspection. This documents the current emergency department occupancy and performance as well as occupancy status for the acute admission areas, both of which were operating significantly over capacity. Representatives from the Scottish Ambulance Services attended the meeting and escalated that the ambulance turnaround time for the emergency department was 60 minutes. Representatives from the rapid assessment and care unit, discharge lounge and integrated discharge team were also present at the huddle. The integrated discharge team provided an update on available packages of care and rapid assessment care unit staff identified the number of emergency department patients that could potentially be redirected to them.

We observed that both the staffing and hospital wide safety huddles followed a structured format and were open and transparent and promoted a culture of psychological safety where staff felt able to raise any concerns. These concerns were responded to by senior managers during the huddle. Inspectors observed the clinical nurse manager attending a ward area that had raised concerns at the huddle to support staff.

We observed good examples of ward based communication of patient safety issues including regular safety huddles, safety boards and hand over documentation. Inspectors also observed up to date care assurance boards in ward areas which displayed audit scores for falls, hydration and nutrition, pressure area care and infection prevention control.

Inspectors were able to observe one of the acute admission unit's safety pauses during this inspection. These safety pauses take place in the emergency department and acute admission unit four times a day. Evidence provided includes the safety pause template, which includes an oversight of capacity and flow as well as any patient safety concerns which are then discussed at the safety pause.

During our previous follow-up inspection in September 2022 staff described being asked to withdraw concerns they had raised through the electronic incident reporting process. During this follow-up inspection staff told inspectors that they felt supported to raise concerns.

We asked senior managers how lessons learned from incident reviews were shared with staff and how staff who reported incidents receive feedback. Feedback to staff is now mandatory as part of the electronic incident report process. Monthly flash reports with learning summaries from incident reviews are developed and shared with staff.

Senior managers described recent and ongoing improvements to the electronic incident reporting system which includes the development of a dashboard of incidents for the clinical nurse managers and the daily review of all new incidents.

Timescales for review of incident reports are aligned with the learning from adverse events national framework. This framework indicates that all adverse incidents should be reviewed, immediate actions taken, and lessons learned shared. The level of the review will be determined by the category of the event and is based on the impact of harm, with the most serious requiring a significant adverse events review. Further information on the national framework can be found here.

Evidence provided included updates on a number of specific incident reports that had been returned in earlier requested evidence. All of these incidents were reported within the past six months and are being appropriately reviewed with documented updates. Hospital managers explained that directorate adverse event groups meet weekly to review if incidents can be reviewed by local management teams or need to move forward to a serious adverse event review. Senior managers advised that there had been some delays in commissioning serious adverse event reviews due to reduced availability of lead investigators and that work was in progress to develop more lead investigators. However, we were assured that systems and processes are in place to ensure oversight and management of incident reports with NHS Forth Valley displaying a culture of openness and transparency with a willingness to learn from adverse events and incidents. Hospital managers advised us this remains a focus of ongoing improvement. We acknowledge the significant improvements made by NHS Forth Valley to meet these requirements.

These requirements have been met.

Areas of good practice

Domain 2	
3	We observed open and transparent hospital safety huddles with a focus on patient care.
4	Senior staff were visible and accessible to staff delivering care.
5	There was visible nursing leadership in ward areas.

Requirements

Domain 2	
3	NHS Forth Valley must ensure that triage assessments are provided consistently to ensure a reliable patient assessment.
4	NHS Forth Valley must ensure staff assessments of the suitability of patients to be cared for in contingency beds are recognised and supported.

Domain 4.1 – Pathways, procedures and policies

Quality 4.1 – Pathways, procedures and policies

During this inspection although ward areas and departments were busy, they were calm and well organised with evidence of good leadership and teamwork. However, we observed that some medication and cleaning products were not stored securely and the use of contingency beds had impacted on patient and staff experience.

During our previous inspection in April 2022 and subsequent follow-up inspection in September 2022 six requirements were given in relation to pathways, procedures and policies.

During our September 2022 inspection, we raised a number of concerns relating directly to the safe delivery of care, these concerns were highlighted through our formal escalation process and resulted in the following requirement.

Outstanding Requirement 10 from September 2022 visit
NHS Forth Valley must ensure the safe delivery of care to all patients within the hospital including the emergency department and admission and assessment areas. This should include but is not limited to: • call bells being in place for all patients • effective oversight of each patient awaiting admission or transfer to a ward • ensuring all patients have their nutrition and hydration needs met • pain relief available, and regular prescribed medications when required timely and safe administration of symptomatic pain relief, and regular prescribed medicines when required • fundamental care needs must be met, and • safe management of urine samples.

During this inspection, the majority of patients we spoke with were complimentary about their care and the staff providing it. Inspectors observed staff working hard to provide compassionate care.

We did not observe any poor management of urine samples during this follow-up inspection. Call bells were available for patients, including those in contingency beds. However, some of these were in the form of doorbells which only rang once and needed to be pushed again if staff didn't answer straight away and not all patients were aware of this. We observed that all patients in the emergency department or acute admissions unit and clinical assessment unit had access to a call bell or alternative to contact staff. Inspectors observed that the majority of patient call bells were answered in a timely manner. However, we observed delays in answering call bells in one area inspected. This area had reduced levels of staffing and had had an additional member of staff redeployed to the ward to assist. We observed that patients who were being cared for in contingency beds within non-standard care areas had cord call bells in place and that the length of the cord had been extended to enable them to be reached. Hospital managers were able to provide assurance that this has been assessed regarding ligature risk.

Evidence provided by NHS Forth Valley shows the highest reported adverse event category was slips, trips or falls. Adverse event reports provided as evidence included a fall in the emergency department that resulted in patient harm. The incident report documents that the patient was being assisted to the bathroom when they fell. Returned evidence includes the quality improvement work that is ongoing with regard to falls. This includes the Safer Mobility Oversight Group, who are aligned with the Scottish Patient Safety Programme collaboration from falls. All falls with harm are subject to a debrief to identify areas for improvement. Improvement projects include a review of environment within the acute admissions unit in relation to falls. This has resulted in changing the colour and levelling of the flooring to reduce the falls risk.

We can see in evidence provided that the emergency department assessment sheet includes a falls trigger tool and if a patient is assessed as a falls risk this is highlighted within the patient electronic notes. Senior managers described that patients will then be cared for in an appropriate area of the department such as a visible trolley space. We were also advised that a member of the emergency department nursing staff is working in collaboration with the frailty team to introduce a quality improvement project with the aim of improving falls risk in the department.

As previously discussed in domain 2, we observed that both the emergency department, acute assessment and clinical assessment unit were calm and well led with good oversight of all patients awaiting admission or transfer. We also observed effective systems and processes in place to ensure senior management oversight of flow and capacity issues across the hospital. This included senior managers and lead

nurses working together to understand patient flow and raise issues such as patient safety concerns.

As part of this follow-up inspection, we were able to observe a number of patient mealtimes. Inspectors observed that the majority of mealtimes were well coordinated with patients receiving their meals in a timely manner. However, whilst some patients received assistance with meals when required, we also observed that not all patients who required assistance received this in a timely manner. We also observed that the majority of patients were not offered or assisted with hand hygiene prior to meals.

Within evidence provided we observed several incident reports relating to patients who had been discharged from the emergency department and clinical assessment unit without having their peripheral venous cannula removed prior to discharge. Peripheral venous cannulas are inserted into the vein to enable the administration of medication and fluids. We raised this with hospital managers who advised that an audit process was in progress to review this issue and that reports can be run through the electronic incident reporting system. Hospital managers also advised us that prior to this inspection a process has been introduced whereby a sticker is placed on a patient's documentation if they have a peripheral cannula in situ which has seen a reduction in incidents. We were also told that a discharge checklist is being developed for the emergency department. We have since been provided with a copy of this checklist which is to be commenced at triage and includes cannula removal.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirements from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

During our previous inspections in April 2022 and subsequent follow-up inspection in September 2022, we raised concerns regarding the systems and processes in place to ensure the safe delivery of care when additional beds are in place.

This concern was highlighted through our formal escalation process and resulted in the following requirement.

Outstanding Requirement 3 from September 2022 visit
NHS Forth Valley must ensure there are effective risk management systems and processes in place to ensure the safe delivery of care where additional beds or non-standard care areas are in use. The NHS board must ensure all of the issues raised through our escalation process are addressed and the improvements made are maintained.

The significant pressure due to sustained capacity above 100% has necessitated the need for additional and non-standard contingency beds throughout the ward areas.

These beds include a fifth bed within a four bedded patient bay and the use of non-standard bed spaces such as treatment rooms.

We observed that contingency beds were in use in all ward areas we inspected, this included the use of non-standard bed spaces and the additional fifth bed in the bay.

All patients in the additional bays had access to call bells and mobile privacy screens although these were not always used and often stored in the bathrooms. Oxygen was available if required via the next beds oxygen port, as was suction.

We observed that patients in non-standard care areas such as treatment rooms had access to oxygen and call bells. The standard operating procedure for the use of these areas for contingency beds includes ensuring that the wall mounted oxygen and suction are checked and prepared to use. It also specifies that patients will require a dedicated commode or identified toilet.

Evidence provided by NHS Forth Valley included the standard operating procedures for the introduction of the additional beds. This includes the process to follow in an emergency if the person in the fifth bed becomes unwell. This specifies that the middle bed should be moved out into the bay to enable the additional bed to be moved away from the wall to provide emergency access.

The standard operating procedure for additional beds provides further breakdown of inclusion and exclusion criteria. We observed that this was discussed as part of the hospital wide safety huddle, with staff identifying if they could put any actions in place to reconfigure the ward to enable appropriate placements. The number of patients in additional beds including the number of patients who meet the criteria is documented on the Forth Valley Royal Hospital safety huddle template. We observed in evidence provided that the additional beds are entered in the organisational risk register, with a corporate risk assessment in place.

Whilst inspectors observed that all patients in additional beds had patient specific risk assessments in place, as is already discussed, a large number of these did not meet the inclusion criteria this included patients who were not independently mobile or who had a cognitive deficit. Several incident reports completed by staff regarded patients being transferred into contingency beds despite not meeting the risk assessment criteria. The patient specific risk assessment includes the criteria for patients who would be suitable for additional bed spaces, such as being independently mobile, medically stable and clear from infection control alerts. Staff told us that due to the number of additional beds in use it was not always possible to identify patients who met the inclusion criteria. Returned evidence includes the flow chart to be followed when patients are moved into the fifth bed space. This includes escalating to the nurse in charge if it is not possible to reconfigure the ward to ensure patients meet the criteria. This is then raised at the hospital site safety huddle with the duty managers updating the executive on call.

We discussed this with senior managers who advised that patients who are in additional beds but do not meet the criteria are reviewed daily by the clinical nurse managers. The patient specific risk assessment includes a section to record if this is escalated to the site safety huddle and that the operational manager or clinical nurse manager reviews the patient if they do not meet the criteria. There is also a checklist in place which includes such things as if relatives have been informed, call bell in place, oxygen and suction available and alternative entertainment available such as magazines or radios. Inspectors observed that the majority of risk assessments had been signed daily as being reviewed by the clinical nurse manager.

As part of this inspection, we asked for evidence of any incident reports relating to the use of these additional beds from the six months prior to the inspection. From the evidence provided the additional beds did not appear to have a direct significant negative impact on patient safety. However, whilst the patients we spoke with were complimentary about the care provided several patients raised concerns regarding the use of additional beds. One patient described the nursing care as exemplary but felt that being in additional bed in the bay was claustrophobic and they felt like there was no privacy. Concerns raised by other patients also included the lack of privacy and dignity and lack of alternative entertainment if the additional bed is in a treatment room. Several staff we spoke with also described frustration and reduced morale in relation to the number of additional beds in use and highlighted the impact this had on workload and acuity and dependency.

As well as the implementation of additional beds in non-standard care areas and the fifth bed in the four bedded bay, NHS Forth Valley had implemented a further nine contingency beds within the maternity unit. This included two four bedded bays and a side room within a 29 bedded ward. We were provided with the standard operating procedure for the use of this area. This included the admission criteria such as patients who are medically stable and awaiting a package of care for discharge. Exclusion criteria includes patients who require enhanced observations, acute cardiac problems, or require large pieces of rehabilitation equipment such as hoists.

This area is staffed by one registered nurse and one health care support worker with support of the senior charge nurse from the ward area and overseen by the clinical nurse manager and operations manager from the acute hospital team. The patients continue to be reviewed by the multidisciplinary team responsible for their care including the medical team.

We spoke with staff caring for these patients who advised that all patients met the inclusion criteria for the area and that only female patients are cared for in these beds. Patients we spoke with were complementary about their care and the staff providing it. We observed that patients looked well cared for and the area was clean and uncluttered.

We acknowledge the improvements NHS Forth Valley has put in place to improve oversite of the risk relating to the use of additional beds.

This requirement has been met. However, whilst additional beds remain in use, these are likely to continue to affect optimal patient placement and privacy and dignity.

Care and comfort rounding is when staff review the care of individual patients at defined regular intervals to anticipate any care needs they may have, such as pressure area relief and the provision of fluid and nutrition. During our previous inspection in April 2022, NHS Forth Valley was given a requirement to ensure that care and comfort rounding charts were completed within the prescribed timeframes. While we recognised some improvement in the completion of the charts in our follow-up inspection in September 2022, we still observed some gaps in their completion and therefore the following requirement was carried forward.

Outstanding Requirement 1 from September 2022 visit
NHS Forth Valley must ensure that care and comfort rounding charts are completed within the prescribed time frames.

In response to our previous follow-up inspection NHS Forth Valley has introduced electronic care and comfort rounding charts for the majority of acute services inpatient areas. In line with our current safe delivery of care inspection methodology we did not access electronic patient records as part of this inspection. However, we asked senior managers at the virtual discussion how they gain assurance that the electronic care and comfort rounding charts are completed. We were advised that this is audited weekly and reports can be run from the system which is then fed back to staff.

The emergency department and acute assessment units have implemented the use of paper care and comfort rounding charts. Inspectors observed fully completed documentation in both the emergency department and acute assessment and clinical assessment units. Evidence provided by NHS Forth Valley included monthly audits of care and comfort rounding chart completion for the acute assessment waiting area and clinical assessment areas. These audits include data up until December 2023 and show a variance in the completion of the document.

We were able to review other patient care documentation that remained in paper form. Whilst the majority of this documentation was completed well, we did observe some gaps in care plans, daily review of enhanced observations and also lack of documented review dates for ‘do not attempt cardiopulmonary resuscitation’ forms and gaps in the care and comfort rounding charts in one ward area that was still using paper documentation. Inspectors also observed in one area that the skin assessment

and pressure ulcer update had not been reviewed for a patient who had pressure damage. This was raised with the nurse in charge at the time of inspection.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

Standard infection control precautions should be used by all staff at all times to minimise the risk of cross infection. Standard infection control precautions include patient placement, hand hygiene, the use of personal protective equipment (such as aprons and gloves), management of patient care equipment and the care environment, safe management of blood and fluid spillages, linen and waste management and prevention and exposure management (such as sharps injuries).

During our previous inspection in April 2022, we raised concerns regarding poor hand hygiene compliance. We continued to observe poor hand hygiene compliance during our follow-up inspection in September 2022, therefore the following requirement was carried forward.

Outstanding Requirement 2 from September 2022 visit
NHS Forth Valley must ensure that all staff comply with hand hygiene and the use of gloves in line with the National Infection Prevention and Control Manual.

One of the key precautions in infection prevention and control is the practice of good hand hygiene. Whilst we observed good hand hygiene compliance in a number of areas during this inspection, we also observed some missed opportunities to carry out hand hygiene, including after touching patient surroundings. We also observed several staff wearing rings with stones in them, this does not comply with the National Infection Prevention and Control Manual. We raised our concerns regarding hand hygiene compliance with hospital managers during our onsite inspection who advised hand hygiene training is ongoing. We requested evidence of current hand hygiene training compliance. We can see from this that in February 2024, 61% of staff had completed training with a target completion rate of 90%. We can however see that there is an upward trend for number of staff who have completed their training with an increase of 32% in the past twelve months.

Inspectors also observed the overuse of gloves resulting in further missed opportunities to complete hand hygiene.

There was good availability of all personal protective equipment.

The infection prevention and control team at Forth Valley Royal Hospital complete four ward assessments for each clinical inpatient area monthly. These audit standard infection control precautions including hand hygiene compliance. Results of these

audits are then fed back to the nurse in charge of the area. Details of all ward visits are reported on a monthly basis to the senior charge nurses, ward staff and executive team.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

During our previous follow-up inspection in September 2022, we observed that some patient equipment was not clean and ready to use in the acute admissions unit. This resulted in the following requirement.

Outstanding Requirement 13
NHS Forth Valley must ensure all patient equipment is clean and ready for use.

During this follow-up inspection we observed that whilst the majority of patient care equipment was clean and ready to use, we did observe the build-up of dust on a number of pieces of equipment within the ward areas. We also observed that whilst the hospital environment was generally clean that there were some signs of wear and tear, such as chipped work surfaces, which makes effective cleaning difficult.

During our previous follow-up inspection in September 2022, we observed that several mobile privacy screens were stored in bathrooms. During this follow-up inspection we observed that a number of privacy screen continued to be stored in bathrooms. We raised this with hospital managers at the virtual discussion who advised that a site survey has been commissioned regarding the availability of storage. We were also advised that the infection control and prevention team ward audits include if items are stored incorrectly which is then fed back to the area nurse in charge.

We also observed that several bathrooms were used for general storage, this can make effective cleaning difficult. We also observed that some of these bathrooms were still in use which could increase the risk of cross contamination.

We observed that cleaning products were not always stored securely and could therefore be accessed by patients or members of the public. This is not in line with the Control of Substances Hazardous to Health Regulations. A requirement has been given to support improvement in this area.

Other standard infection control precautions include the safe management of waste including linen and sharps. Inspectors observed that several sharps boxes did not have temporary closures in place, these prevent needles or sharps protruding from the boxes, or from falling out if the box is dropped. We also observed clinical waste bins that were broken or overflowing.

We also observed that the used linen trolley was not always taken to the point of care with inspectors observing staff carrying used linen in their arms. This can increase the risk of contamination and cross infection and is not in line with the National Infection Prevention and Control Manual.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

During this follow-up inspection Forth Valley Royal Hospital had a ward area that was closed to admissions due to a flu outbreak. We were provided with evidence of the minutes of the infection prevention and control assessment group meeting regarding this outbreak and evidence of management of the outbreak in line with guidance within the national infection prevention and control manual.

We asked hospital managers for an update on this outbreak at the virtual discussion session and were advised that the numbers of flu positive patients had now significantly reduced.

Transmission based precautions are additional infection control precautions that should be used by staff when caring for a patient with a known or suspected infection. We observed good signage in place to identify which areas required transmission-based precautions, with readily available personal protective equipment.

During our previous follow-up inspection in September 2022, we raised concerns regarding the safe and secure use of medication. This included patients' medications being left unattended including intravenous medication. We also observed that medicines appeared to be administered without staff checking if it was the correct medicine, the correct dose or the correct patient receiving the medicine. This resulted in the following requirement.

Outstanding Requirement 9 from September 2022 visit
NHS Forth Valley must ensure the safe and secure use of medicines at all times, including the storage and administration of medicines.

We did not observe any patient medications being left unsecured at the patient bedside, or medications being administered without checking patients details during this follow-up inspection. We did however observe that in some ward areas not all medication was secured safely, with some medication cupboards and treatment rooms being unlocked and therefore accessible to patients and members of the public. We also observed bags of medication awaiting return to pharmacy left out in treatment rooms and not stored securely.

Inspectors observed that in two of the treatment rooms in the intensive care unit medication cupboards and medication cabinets were not locked. Staff advised us that a request had been raised to fit swipe access to the treatment room doors. Evidence provided by NHS Forth Valley includes the risk register form which documents the completion of the request for the fitting of swipe access. The original entry in the risk register (2014) documents that a senior clinical pharmacist and senior nurse advised that the risk to patients from delay in accessing drugs outweighed risks associated with having the pharmacy room and cupboards open. We discussed this with senior managers who advised that the delay in fitting swipe access had been raised with the estates department and alternative options are also being discussed with the Associate Director of Pharmacy. Whilst we understand that lifesaving medication may be required urgently, we have observed that cupboards have been locked in other intensive care units we have inspected in line with guidance.

Forth Valley Royal Hospital uses an electronic prescribing and medication administration system. This system enables staff to run a report which highlights all time critical medications including prescribed medication time versus administration time as well as a report of all missed doses.

The emergency department at Forth Valley Royal Hospital does not currently use the electronic prescribing and administration system and instead medication is prescribed on the patient's emergency department documentation. The patient's prescribed medications are transcribed onto the electronic system when they are admitted to an inpatient area. Returned evidence includes several incident reports during the past three months where medication had been incorrectly transcribed onto the electronic system, including the omission of antibiotics.

This was discussed with senior managers who advised that they were aware of this, and that it had been discussed at recent safety of care meetings. We were told the current process when patients are being admitted but remain in the emergency department due to reduced capacity within the hospital, is to have regular medication prescribed onto a paper prescription chart. This is then transferred with the patient if they are admitted to an inpatient area. Staff in the emergency department told us that a medical consultant completes a ward round within the department in the morning to review patients who are awaiting transfer to a medical ward. As part of this ward round patients' regular medication is prescribed onto a drug prescription chart. Whilst inspectors did not observe a ward round in progress, we did observe completed prescription charts. Staff we spoke with described that they felt this had made a positive impact and helped to mitigate the risk of patients missing regular medication if they have long waits to be transferred to an inpatient bed.

Returned evidence also included four incidents relating to the administration and management of oral morphine within the emergency department. We discussed these with senior hospital managers who advised they had reviewed these incidents and

improvements were being considered to reduce the risk of this happening again. This includes the availability of enteral syringes for the oral administration of morphine. These syringes have different tips and are designed to reduce the risk of inadvertent parenteral (intravenous) administration and also to reduce the waste of medication when being administered orally.

Whilst we recognise improvement in this area, inspectors observed areas where medications were not stored securely.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

Areas of good practice

Domain 4.1	
6	Despite significant pressures we observed the emergency department, acute assessment and clinical assessment units were calm and well led.
7	We observed positive and caring interactions between staff and patients.

Recommendation

Domain 4.1	
1	Patients should be assisted with hand hygiene prior to mealtimes where required.

Requirements

Domain 4.1	
5	NHS Forth Valley must ensure that patients who require assistance at mealtimes receive this in a timely manner.
6	NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit.
7	NHS Forth Valley must ensure that when additional beds are in use, patient privacy and dignity is maintained and that patients using doorbell type call bells are aware that they do not continuously ring once pressed.
8	NHS Forth Valley must ensure that all patient care documentation is accurately and consistently completed and reviewed.
9	NHS Forth Valley must ensure all staff comply with hand hygiene, the use of gloves and appropriate wearing of jewellery.

10	NHS Forth Valley must ensure that: - All staff comply with the safe management of waste including sharps and linen. All patient equipment is clean and ready for use, including mobile patient privacy screens. The hospital environment maintained and equipment must be stored in a manner to enable effective cleaning. Cleaning products are stored safely and securely.
11	NHS Forth Valley must ensure the safe storage and administration of medicines at all times.

Domain 4.3 – Workforce planning

Quality 4.3 – Workforce planning

Workforce pressures and recruitment challenges continue to be experienced throughout NHS Scotland with the current staffing position of NHS Forth Valley being reflective of national workforce challenges.

During our previous inspection in April 2022 and subsequent follow-up inspection in September 2022 three requirements were given in relation to leadership and culture. Two of these requirements have already been discussed in domain 2 of this report. The remaining requirement was:

Outstanding Requirement 5 from September 2022 visit
NHS Forth Valley must ensure it has a clear understanding of the number of actual staff in post and that workforce data is accurately presented.

During this follow-up inspection NHS Forth Valley, like much of NHS Scotland, was under significant pressure including increased capacity the use of additional beds and resulting increase in acuity and dependency.

NHS Forth Valley senior managers response and oversight of these additional pressures including real time staffing decisions are discussed in domain 2 of this report with the impact on patient care being discussed in domain 4.1.

Workforce data submitted by NHS Forth Valley demonstrated the current vacancy level within the nursing workforce at the time of our inspection as being 7.9% this is a reduction from 13.4% in June 2023. Further analysis noted a vacancy level of 9.6% within the band 5 registered nurse group, which is a reduction from 20.3% in June

2023. We consider a high vacancy rate to be above 10%. Whilst we can see that NHS Forth Valley nursing vacancy rate is below the higher level of 10%, the prolonged use of a significant number of additional beds means that the current funded establishment is less than the workforce required. This has resulted in the use of supplementary staff. Supplementary staffing includes substantive staff working additional hours, staff from the NHS board's own staff bank or from an external agency. We observed hospital managers ensuring that requests for supplementary staffing had been approved including for agency staff. The daily oversight and mitigation of this risk by senior managers was discussed in domain two of this report.

During our onsite inspection we were approached by medical staff who raised concerns regarding medical provision for the ageing and health directorate due to increased workload and vacancy rates. Concerns were also raised regarding the vacancy rate within the allied health professionals specifically occupational therapists and physiotherapists, with this having an impact on their ability to provide services. During the hospital wide safety huddle, we observed representatives from these services escalating reduced staffing availability which would have an impact on service provision, with staff prioritising the review of patients who were potentially being discharged. It was also discussed that support would be requested from community services.

We discussed this with senior hospital managers who had good oversight of these concerns. Hospital managers advised that whilst medical recruitment is ongoing, ageing and health medical vacancies is a speciality that has been difficult to recruit in to. Short term actions include use of locum medical staff via both the staff bank and agencies, with specific target on the ageing and health vacancies.

Senior managers acknowledged the increased workload for the physiotherapy and occupational therapy services due to the use of additional beds. They explained ongoing work regarding a supplementary staffing resource including recruitment to the staff bank and the use of agency physiotherapy and occupational therapy staff.

Senior managers advised us of the processes and initiatives that are in place to support ongoing recruitment and retention to fill nursing workforce gaps. These include extending the recruitment programme to more universities as this has previously been focused on the University of Stirling. A workforce review has commenced which will incorporate all patient facing areas to provide a basis for a proactive and forward planning approach to recruitment.

We were also told about the development of links with local schools and colleges with the aim to provide an entry level health care support worker programme.

Other initiatives include the continuation of the international nursing recruitment programme and the increase in associate practitioner roles. Whilst associate practitioners are not registered healthcare professionals, they develop a high level of

skill through their training and experience to support the delivery of care. Hospital managers also described a recently introduced programme which provides newly registered nurses support prior to the commencement of their posts.

NHS boards should be in the preparatory stage of implementation of the Health and Care (Staffing) (Scotland) Act 2019. During our inspection we observed information posters in the main atrium of the hospital which included a QR code linking to information about the act.

We are assured through this inspection process both in discussion with senior managers and through evidence provided that this requirement has been met.

Domain 6 – Dignity and respect

Quality 6.1 – Dignity and respect

We observed staff providing compassionate care with staff treating patients with dignity and respect. However, some patients expressed concern regarding the impact of additional beds on privacy and dignity.

Inspectors observed that all interactions between staff and patients were positive person centred and respectful, with patients and relatives speaking highly of provided care and treatment.

During our follow-up inspection in September 2022, we raised concerns in relation to patients' privacy and dignity when being cared for in additional beds. We also raised concern regarding the care and dignity of patients in the emergency department and acute admission and clinical assessment units. This resulted in the following requirement.

Outstanding Requirement 8 from September 2022 visit
NHS Forth Valley must ensure that patient's privacy and dignity is maintained at all times.

As discussed earlier in this report, both the emergency department and acute assessment and clinical assessment units were working under significant pressure with all areas operating at over 100% capacity. Despite this they were calm, organised and well led with patients we spoke with describing good care. We observed two beds in the emergency department which were not easy to observe from the nurses' station, however both patients were fully mobile and able to ask for help if needed.

Inspectors observed that some confidential conversations between staff and patients were held in the chaired area of the emergency department enabling patients sat in the next chair to overhear.

Privacy screens and window blinds were available for patients in the fifth bed in the four bedded bay. However, despite patients being complementary about staff and the care provided, several patients raised concerns regarding the impact of additional beds on privacy and dignity especially in relation to personal space. Staff and patients' relatives also raised concerns regarding the impact of the additional beds on patients' privacy and dignity.

We acknowledge there have been improvements made in the emergency department, acute assessment unit and clinical admission unit regarding patients experience of privacy and dignity. However, the use of additional non-standard bed spaces continues to have a negative impact on patient experience.

We acknowledge that plans are in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet the requirement from our last inspection. However, a new requirement has been given to enable a new focus for improvement.

Inspectors observed that a number of patients had an Adults with Incapacity Section 47 certificate in place. These are legal documents which assist the patients, their family and staff to make decisions about the patient's care and treatment when the patient is unable to do so independently. We observed that whilst these were completed and signed, the amount of information varied, with some having very basic information regarding individual patient guidance whilst others had comprehensive personalised treatment plans in place.

Inspectors observed that several wards had patients who were requiring a higher level of observation to ensure the safety of the patient and others. Patients may require a higher level of observations for several reasons including risk of falls or risk of absconding which could put the patient at risk.

Evidence returned included the NHS Forth Valley guideline for nursing observations and interventions. This includes the differing levels of enhanced care such as intermittent observation, constant and enhanced observation. Forth Valley Royal Hospital uses an observation and intervention level risk assessment/care plan which documents which level of observation is required and what risk is identified such as falls. There is also a section to document what interventions and activities may be undertaken to improve the patients experience whilst receiving increased observations.

We observed that the number of patients requiring additional observations were discussed at both the staffing and hospital wide safety huddle. Evidence provided also showed that this is documented on the live time acuity and dependency system which provides oversight of staffing requirement for all areas.

Hospital managers shared ongoing improvement work regarding enhanced observations including the recruitment of a dementia and delirium nurse or allied

health care professional consultant. Delirium is a worsening or change in a person's mental state that happens suddenly and can often be treated. Delirium can be caused by several factors such as infection, dehydration and certain medications. We were also told by hospital managers that improvement work included the possibility of developing a dedicated response team who would be trained in providing enhanced observations including meaningful activities.

In two ward areas inspectors observed that two patients were detained under the Mental Health (Care and Treatment) (Scotland) Act. This is a piece of legislation in Scotland that maintains the rights and protection of people with mental health conditions. The provisions of the Act are intended to ensure that care and compulsory measures of detention can only be used when there is a significant risk to the safety and welfare of the patient or others. In one ward a patient had an emergency detention certificate in place which had elapsed, therefore requiring a short term detention certificate to be applied for. This was raised with the senior charge nurse of the area and also senior hospital managers. Inspectors returned to the ward area the following day and observed that the short term detention certificate was in place.

In another area inspectors were unable to locate the short term detention certificate in the patients notes. This was raised with staff who located the certificate. A copy of the emergency detention order should be available in the patients notes to ensure lawful detention.

We asked hospital managers at the virtual discussion what processes were in place to ensure the correct legislative paperwork is in place for patients who are detained under the Mental Health (Care and Treatment) (Scotland) Act. We were advised that it is part of the clinical nurse manager and lead nurse role to ensure due process is followed.

A requirement has been given to support improvement in this area.

During the inspection we identified ward areas where the door for entry and exit to the ward had been locked electronically and required swipe card access to enter or exit the ward. This prevented any patients or visitors from leaving without the assistance of staff. We observed that clear signage was in place on the locked ward during inspection advising staff and visitors that the doors are locked and to speak to a member of staff if wishing to enter or exit the ward.

We observed during the hospital wide safety huddles that staff escalated which areas had implemented the locked door policy and confirmed that they had risk assessments in place. Evidence provided included NHS Forth Valley locked door policy which states that doors to areas that are usually open may be locked in certain circumstances, such as risk to patient or others. This policy also specifies that doors must only be locked if all less restrictive options have been explored for example family or carer support, engagement with meaningful activities or change of patient placement.

Area of good practice

Domain 6	
8	We observed staff working hard to treat patients with dignity and respect.

Requirement

Domain 6	
12	NHS Forth Valley must ensure the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act).

Appendix 1 - List of national guidance

The following national standards, guidance and best practice were current at the time of publication. This list is not exhaustive.

- Allied Health Professions (AHP) Standards (Health and Care Professionals Council Standards of Conduct, Performance and Ethics, September 2023)
- Care of Older People in Hospital Standards (Healthcare Improvement Scotland, June 2015)
- Food Fluid and Nutritional Care Standards (Healthcare Improvement Scotland, November 2014)
- Generic Medical Record Keeping Standards (Royal College of Physicians, November 2009)
- Health and Care (Staffing) (Scotland) Act (Acts of the Scottish Parliament, 2019)
- Health and Social Care Standards (Scottish Government, June 2017)
- Infection prevention and control standards (Healthcare Improvement Scotland, 2022)
- National Infection Prevention and Control Manual (NHS National Services Scotland, January 2024)
- Operating Framework: Healthcare Improvement Scotland and Scottish Government (Healthcare Improvement Scotland, November 2022)
- Prevention and Management of Pressure Ulcers - Standards (Healthcare Improvement Scotland, October 2020)
- Professional Guidance on the Administration of Medicines in Healthcare Settings (Royal Pharmaceutical Society and Royal College of Nursing, January 2019)
- The Quality Assurance System (Healthcare Improvement Scotland, September 2022)
- Staff governance COVID-19 guidance for staff and managers (NHS Scotland, August 2023)
- The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing & Midwifery Council, October 2018)

Appendix 2 - List of all requirements

January 2024 inspection requirements
1. NHS Forth Valley must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates.
2. NHS Forth Valley must ensure all emergency exit buttons are clear and easily accessible and all staff are aware of risk assessments and processes in place regarding fire safety.
3. NHS Forth Valley must ensure that triage assessments are provided consistently to ensure a reliable patient assessment.
4. NHS Forth Valley must ensure staff assessments of the suitability of patients to be cared for in contingency beds are recognised and supported.
5. NHS Forth Valley must ensure that patients who require assistance at mealtimes receive this in a timely manner.
6. NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit.
7. NHS Forth Valley must ensure that when additional beds are in use, patient privacy and dignity is maintained and that patients using doorbell type call bells are aware that they do not continuously ring once pressed.
8. NHS Forth Valley must ensure that all patient care documentation is accurately and consistently completed and reviewed.
9. NHS Forth Valley must ensure all staff comply with hand hygiene, the use of gloves and appropriate wearing of jewellery.
10. NHS Forth Valley must ensure that: - All staff comply with the safe management of waste including sharps and linen. All patient equipment is clean and ready for use, including mobile patient privacy screens. The hospital environment maintained and equipment must be stored in a manner to enable effective cleaning. Cleaning products are stored safely and securely.

11. NHS Forth Valley must ensure the safe storage and administration of medicines at all times.
12. NHS Forth Valley must ensure the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act).

Published April 2024

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We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
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To drive improvement

Improvement Action Plan

Healthcare Improvement Scotland:

Unannounced acute hospital safe delivery of care inspection

Forth Valley Royal Hospital, NHS Forth Valley

22–24 January 2024

Improvement Action Plan Declaration

It is the responsibility of the NHS board Chief Executive and NHS board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS board, and not just at the hospital inspected. By signing this document, the NHS board Chief Executive and NHS board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair
Signature: _____
Full Name: Neena Mahal
Date: 16/04/24

NHS board Chief Executive
Signature: _____
Full Name: Scott Urquhart
Date: 16/04/24

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
4.1 & 4.1.5	NHS Forth Valley will ensure all inpatient areas have designated mealtime coordinators to coordinate the preparation of patients and the provision of assistance at mealtimes.	31st July 2024	SCN / Lead Nurses	Will progress through Food, Fluid and Nutritional Care group with • Local measurement of baseline process / practice. • Local audits of mealtimes in place. This includes measurement of pre, during and post mealtime support. • Implementation of ward level data visualisation / progress. • Results / themes will inform targeted improvement work to be led by hospital Chief Nurses, and monitored by NHS Forth Valley Food, Fluid & Nutritional Care Group	
1.1	a) NHS Forth Valley will deliver bespoke PILS sessions to the Emergency Department staff over the weekends through May-June	31st July 2024	Resuscitation Team / ED SCN / ED Clinical Educator	Immediate Actions: • Staff identified to	

	b) NHS Forth Valley will apply an annual training plan to maintain PILS level training within the department	Ongoing		deliver additional training sessions • Ongoing measurement of PILS compliance reported to monthly workforce governance meetings.	
1.2	NHS Forth Valley will undertake walk rounds of clinical areas to ensure compliance with emergency procedures in relation to fire safety		Service Leads / Operations Managers	Immediate Action: • All noncompliance areas addressed at time of inspection	Complete during inspection with ongoing monitoring
2.3	NHS Forth Valley will implement the Manchester Triage Tool Electronically NHS Forth Valley will deliver education to all ED staff in relation to Triage	31st October 2024 Ongoing	IT Department/ SCN / Lead Nurse ED.	Immediate Actions: • Business case submitted for approval. • Triage training package in place and being applied by clinical educator.	
2.4	NHS Forth Valley will implement an action log from Safety Huddle and identify what actions required to support staff caring for contingency patients and their placement	Immediate	Senior Leadership Team	Immediate Actions: • Focused work with SCN to improve Safety Huddle and action log recording. • Testing of new safety huddle process • Reported / reviewed at	

				SCN meeting with Chief Nurse	
4.1.6	NHS Forth Valley through the application of Quality Improvement processes will ensure a system is in place to ensure the safe management and care for patients with a peripheral venous cannula (PVC).	31st July 2024	Lead Nurses	Immediate Actions: • PDSA cycles applied to improve safe management of patients with PVC	
4.1.7	a) NHS Forth Valley will adopt a process to ensure that patients are informed of how the doorbell buzzer works and documentation of this conversations will be available within the patients notes. b) NHS Forth Valley will ensure that those patients cared for in contingency areas have access to screens to ensure both privacy and dignity are maintained throughout their stay.	Immediate	SCN / Lead Nurses	Implemented with immediate effect and will be audited over the coming months	Complete during inspection with ongoing monitoring
4.1.8	NHS Forth Valley will continue to work to ensure risk assessments and care plans are regularly evaluated and updated to reflect changes in the patient's condition or needs, and that all relevant documentation is in place and completed.	31st July 2024	Lead Nurses / SCN / Practice Development Team	Immediate Actions: • Care assurance audits underway with schedule for all clinical areas. • Documentation reliability measurement will take place as part of Practice Development Unit reviews.	

4.1.9	NHS Forth Valley will ensure that all staff carry out hand hygiene at appropriate moments and remove all inappropriate jewellery in line with current guidance.	31st July 2024	Lead Nurse / Service Team/ Medical Leads / Infection Prevent and Control Team	Immediate Actions: • Relaunch of NHS Forth Valley Uniform Policy • Review of current Hand hygiene audit process and feedback • Data visualisation will be undertaken in clinical areas. • Areas for improvement will be identified and support provided by IPC team.	
4.1.10	NHS Forth Valley will ensure all staff are aware and comply with infection control guidance, in particular: • Safe management of waste • Cleaning of patient equipment • Maintenance and storage of equipment • Storage of cleaning products	31st July 2024	Lead Nurses / SCN / Infection Prevention Control Team	Immediate Actions: • All staff reminded of need for safe storage of cleaning products. • Schedule in place for cleaning of portable equipment • Targeted education from IPC team being arranged. • Adherence to Infection Control Guidelines will be measured through care assurance audits/ inspections.	

				• Reporting will be through site Hospital Hygiene meetings.	
4.1.11	NHS Forth Valley will ensure all relevant staff are aware of their responsibilities in the safe storage and administration of medicines	31st July 2024	Lead Nurse / SCN and Pharmacy	Immediate Actions: • Relaunch of Safe Medicines Group • Compliance in safe storage and administration will be highlighted in department care assurance audits / inspections.	
6.12	NHS Forth Valley will ensure the correct process is followed when patients are detained under Mental Health Act	31st July 2024	Nurse Consultant Older People / Senior Management Team	Immediate Actions: • Robust system in place now to identify patients with Emergency Detention at morning safety huddle. • Review Emergency Detention pathway and relaunch to raise awareness with all staff groups	

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

Safe Delivery of Care Update
For Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Author: Professor Frances Dodd, Executive Nurse Director

Executive Summary

This report is presented to give context and findings of the most recent Healthcare Improvement Scotland (HIS) unannounced follow up inspection visit which took place between the 22nd and the 24th of January 2024.

HIS carried out an initial inspection of Forth Valley Royal Hospital (FVRH) in April 2022, this resulted in 9 requirements, this was followed up with a further inspection visit in September 2022, which identified a further 11 requirements, 3 from the previous inspection having been completed. There was significant concern from HIS in relation to the safe delivery of care and to address these requirements, and the serious concerns highlighted in line with the safe delivery of care methodology, NHS Forth Valley submitted an improvement plan detailing the actions it intended to take in response to the concerns HIS identified.

HIS returned to carry out an unannounced follow-up inspection of FVRH in January 2024. The purpose of this follow-up inspection was to assess progress made against the actions contained within the NHS Forth Valley improvement action plan and the serious patient safety concerns raised through the formal escalation process.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the Healthcare Improvement Scotland (HIS) Published Report
- **note** the Healthcare Improvement Scotland Improvement Action Plan

Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

Key Issues to be Considered

1. Purpose of Paper

The purpose of this paper is to give context and findings of the most recent Healthcare Improvement Scotland (HIS) unannounced follow up inspection visit which took place between the 22nd and the 24th of January 2024.

2. Position

Findings

- During this follow-up inspection HIS have been assured that significant progress has been made by NHS Forth Valley in all of the areas highlighted during previous inspections.
- HIS observed an open and supportive culture with senior hospital managers displaying a good oversight of both clinical and wider system pressures. Staff described a visible senior hospital management team and felt able to raise concerns. Patients and relatives were complimentary about their care and the staff providing it.
- HIS noted despite increased hospital capacity, the areas inspected were calm and well led with hospital teams working together to provide compassionate care.
- HIS Inspectors observed a significant improvement in both the emergency department acute assessment and clinical assessment units. HIS noted these areas were calm, organised and well led and the patients and relatives HIS spoke with were complimentary about care provided.
- HIS observed learning from patient feedback audits in the clinical assessment and acute assessment waiting areas being used to implement change to improve patient experience.
- HIS noted the majority of staff spoken to described Forth Valley Royal Hospital as a good place to work with a supportive and visible senior management team and an improvement in culture since the previous follow-up inspection in September 2022.
- HIS observed that both the staffing and hospital wide safety huddles followed a structured format and were open and transparent and promoted a culture of psychological safety where staff felt able to raise any concerns.
- HIS suggested that 8 of the 17 requirements from the previous safe delivery of care follow-up inspection in September 2022 had been met with the remaining nine being partially met. HIS acknowledged and were assured that plans were in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet these remaining requirements. However, where appropriate, new requirements have been given to enable a new focus for improvement.
- HIS noted further areas for improvement have been identified during this inspection, these include improved compliance with paediatric immediate life support training, the safe storage of cleaning products, ensuring patients who require assistance at mealtimes receive this in a timely manner, management of waste and ensuring the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act.
- HIS indicated that through completion of this follow-up inspection, they are assured progress has been made by NHS Forth Valley to satisfy the serious patient safety concerns previously raised under their formal escalation processes.

Outcome

HIS noted 8 areas of Good Practice and identified 1 Recommendation and 12 Requirements, HIS suggested that 9 of which were a continuation of the partially met requirements of the

existing improvement work being delivered within FVRH through routine operational business within the Acute Directorate.

Areas of Good Practice

- HIS observed hospital teams working together to provide compassionate care.
- Learning from patient feedback audits in the clinical assessment and acute admissions waiting areas are being used to implement change to improve patient experience.
- HIS observed open and transparent hospital safety huddles with a focus on patient care.
- Senior staff were visible and accessible to staff delivering care.
- There was visible nursing leadership in ward areas.
- Despite significant pressures HIS observed the emergency department, acute assessment and clinical assessment units were calm and well led.
- HIS observed positive and caring interactions between staff and patients.
- HIS observed staff working hard to treat patients with dignity and respect.

Recommendation

- Patients should be assisted with hand hygiene prior to mealtimes where required. (New)

Requirements

- NHS Forth Valley must ensure that nursing staff are provided with necessary paediatric training to safely carry out their roles within the emergency department and comply with the NMC Code, Professional standards of practice and behaviour for nurses, midwives and nursing associates. (New)
- NHS Forth Valley must ensure all emergency exit buttons are clear and easily accessible and all staff are aware of risk assessments and processes in place regarding fire safety. (New)
- NHS Forth Valley must ensure that triage assessments are provided consistently to ensure a reliable patient assessment. (Ongoing Improvement)
- NHS Forth Valley must ensure staff assessments of the suitability of patients to be cared for in contingency beds are recognised and supported. (Ongoing Improvement)
- NHS Forth Valley must ensure that patients who require assistance at mealtimes receive this in a timely manner. (New)
- NHS Forth Valley must ensure effective processes are in place to ensure the safe management and care for patients with peripheral venous cannulas within the emergency department and clinical assessment unit. (New)
- NHS Forth Valley must ensure that when additional beds are in use, patient privacy and dignity is maintained and that patients using doorbell type call bells are aware that they do not continuously ring once pressed. (Ongoing Improvement)
- NHS Forth Valley must ensure that all patient care documentation is accurately and consistently completed and reviewed. (Ongoing Improvement)
- NHS Forth Valley must ensure all staff comply with hand hygiene, the use of gloves and appropriate wearing of jewellery. (Ongoing Improvement)
- All staff comply with the safe management of waste including sharps and linen. All patient equipment is clean and ready for use, including mobile patient privacy screens. The hospital environment is maintained, and equipment stored in a manner to enable effective cleaning. (Ongoing Improvement)
- Cleaning products are stored safely and securely NHS Forth Valley must ensure the safe storage and administration of medicines at all times. (Ongoing Improvement)
- NHS Forth Valley must ensure the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act). (New)

Financial Implications
None identified as yet, with the exception of existing staffing resources to support this ongoing work.

Workforce Implications
None identified.

Infrastructure Implications including Digital
There are no new issues in relation to digital infrastructure and all other issues have been resolved.

Sustainability Implications
There are no specific sustainability issues in relation to this report.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. (A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)
☒ Yes
☐ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
The Safe Delivery of Care work focusses on understanding impact of actions taken on both patient safety and staff wellbeing. Progress has and continues to be made in areas where indicators did not exist in the past, there remains an intense staff focus on the areas for improvement and a continued intense leadership drive to deliver the desired outcomes.

Information Governance Implications
There are no new Information Governance risks and all other risks have been mitigated.

Risk Assessment / Management
Risks are identified, mitigated and escalated as required**.**

Relevance to Strategic Priorities
Relevance to the delivery of safe, effective, person-centred care and to provide assurance of compliance to standards and guidelines.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:
- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation

The Clinical Governance Committee, NHS Forth Valley Board.

Additional Information
None to note.

Appendices
Attach where relevant:

- ***Appendix 1****:* HIS Unannounced Follow Up Inspection Report *http://www.healthcareimprovementscotland.scot/wp-content/uploads/2024/04/HIS_LREP_FVRH_FV_APR24_FINAL.pdf*

- **Appendix 2:** HIS Improvement Action Plan *http://www.healthcareimprovementscotland.scot/wp-content/uploads/2024/04/20240122-Improvement-Action-Plan-FVRH-NHS-FV-v1.0.pdf*

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

12. Urgent and Unscheduled Care update
For Assurance

Executive Sponsor: Mr Garry Fraser Director of Acute Services
Author: Mr Garry Fraser Director of Acute Services, Ms Gail Woodcock IJB Chief Officer Falkirk, Mr David Williams IJB Chief Officer Clackmannanshire and Stirling, Dr Emma Baird Consultant in Public Health Medicine

Executive Summary

The emergency 4 hour access standard is a key objective set by Scottish Government for emergency departments across Scotland. In order to have timely access, treatment, admission or discharge within 4 hours of presentation to the emergency department, the whole system of health care requires to be as efficient as possible. The access to care ranges from services in local communities, through intermediate care and the hospital system. Where there is admission into a hospital or intermediate care facility, supporting timely discharge is essential, thus ensuring there is flow through our health and social care system. Working with our Health and Social Care partners, Scottish Ambulance Service, NHS24, Primary care and community services to ensure that patients access the care they need at the right time in the right place. Taking a population health approach is allowing for a better understanding of the community needs and how to best meet the needs of the community.

This paper along with the presentation provided at the Board meeting on the 28th May 2024 aims to display the whole system working that is being undertaken to meet the obligations of the board and improve patient experience.

Recommendation

The Forth Valley NHS Board is asked to:

- **consider** the paper and the presentation and be assured that whole system working is being applied to improve patient experience and performance in urgent and unscheduled care.

Assurance

Level of Assurance	System Adequacy	Controls
Reasonable Assurance	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

Proposed assurance level is **Reasonable Assurance**.

- A reasonable level of assurance is proposed on the basis that there is joint whole system working and the plan being progressed will continue to develop new ways of working to deliver the service.

Key Issues to be Considered

- The Board is being provided an update on the urgent and unscheduled care whole system working which meets the Boards obligation to provide unscheduled care in a timely and efficient way. Given the financial pressures along with continued volume of patients accessing urgent and unscheduled care, the presentation provided at the Board meeting will display the whole system approach to deliver the service.

Whole system approach

- Whole system working and escalation is vital to successful service delivery and to ensure the longer term sustainability of our health and social care services. Coproduction of strategic plans and aligned data and performance dashboard development is ongoing to measure the impact of strategic implementation plans.

- Early intervention and prevention will be explored through a public health lens to better understand patient needs and prevent unnecessary unscheduled presentations to ED. This is a population health approach which will inform our immediate plans as well as supporting longer term strategic decision making to improve healthy life expectancy and reduce health inequalities.

- Your Home First is a concept being developed collaboratively with the Health and Social Care Partnerships (HSCP) and NHS Forth Valley which aims to embed a whole system approach to ensure that people receive their health and care needs at home or as close to home as possible. This will include work streams such as Integrated Out of Hours and Streamlining Access to services; development of an Ambulatory Frailty Pathway, Whole System Discharge Optimisation; and work with communities with high ED attendance rates.

- Acute urgent and unscheduled care delivery plan previously discussed at the Board development session continues to progress and is monitored through the Urgent and Unscheduled Care Board. This includes work streams such as Discharge without Delay (DWD), Consultant Connect, and Frailty assessment and cohorting.

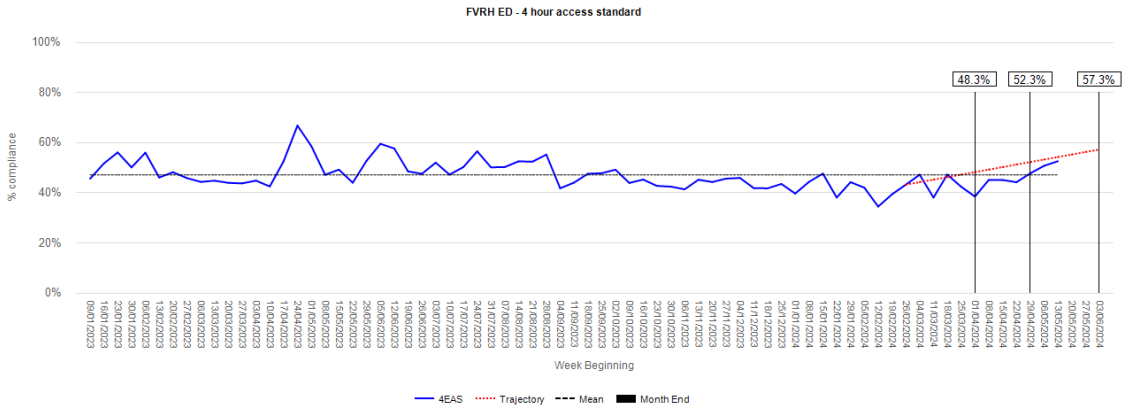


Table 1. **Definition**: % of unplanned new or return patients who are seen and discharged/admitted within 4 hours at FVRH ED

The trajectory table above in table 1 demonstrates the current 4 hour ED trajectory set in February 2024.

Financial Implications
The implementation of this plan would allow for unfunded beds to be reduced in the acute and community setting. This reduces the need for additional staff and allows people to be cared for in their own community setting.

Workforce Implications
The implementation of the plans referenced in this report will reduce the requirement for additional staff in the acute areas and increase morale as the wards will reduce to their optimal working bed base.

Infrastructure Implications including Digital
There are no specific infrastructure implications as a direct result of this report. Work is ongoing to develop systems to support more efficient working and enable appropriate performance reports to be developed to underpin our whole system working.

Sustainability Implications
The whole system approach is the sustainable way forward to deliver services for Forth Valley. This aligns to Forth Valley Health Board and the HSCP strategic plans.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. (A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)

☒ *Yes*
☐ *N/A*

Quality / Patient Care Implications
The joint working outlined in the previous sections of this paper seeks to enhance patient care and aims to ease pressure on the urgent and unscheduled care to allow patients with the greatest immediate need to access timely care.

Information Governance Implications
There are no information governance issues.

Risk Assessment / Management
The course of actions being undertaken will mitigate the risk of access to immediate care through the ED department when it is at capacity and also reduce the overcapacity in the acute wards.

Relevance to Strategic Priorities
The joint system working aligns to both the HSCP and the Forth Valley strategic aims.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Screening completed - no discrimination noted

Communication, involvement, engagement and consultation
Engagement with the acute team, the HSCP teams, Forth Valley executive team is all in progress.

Appendances
There are no appendices however there will be a presentation on the day of the Board meeting.

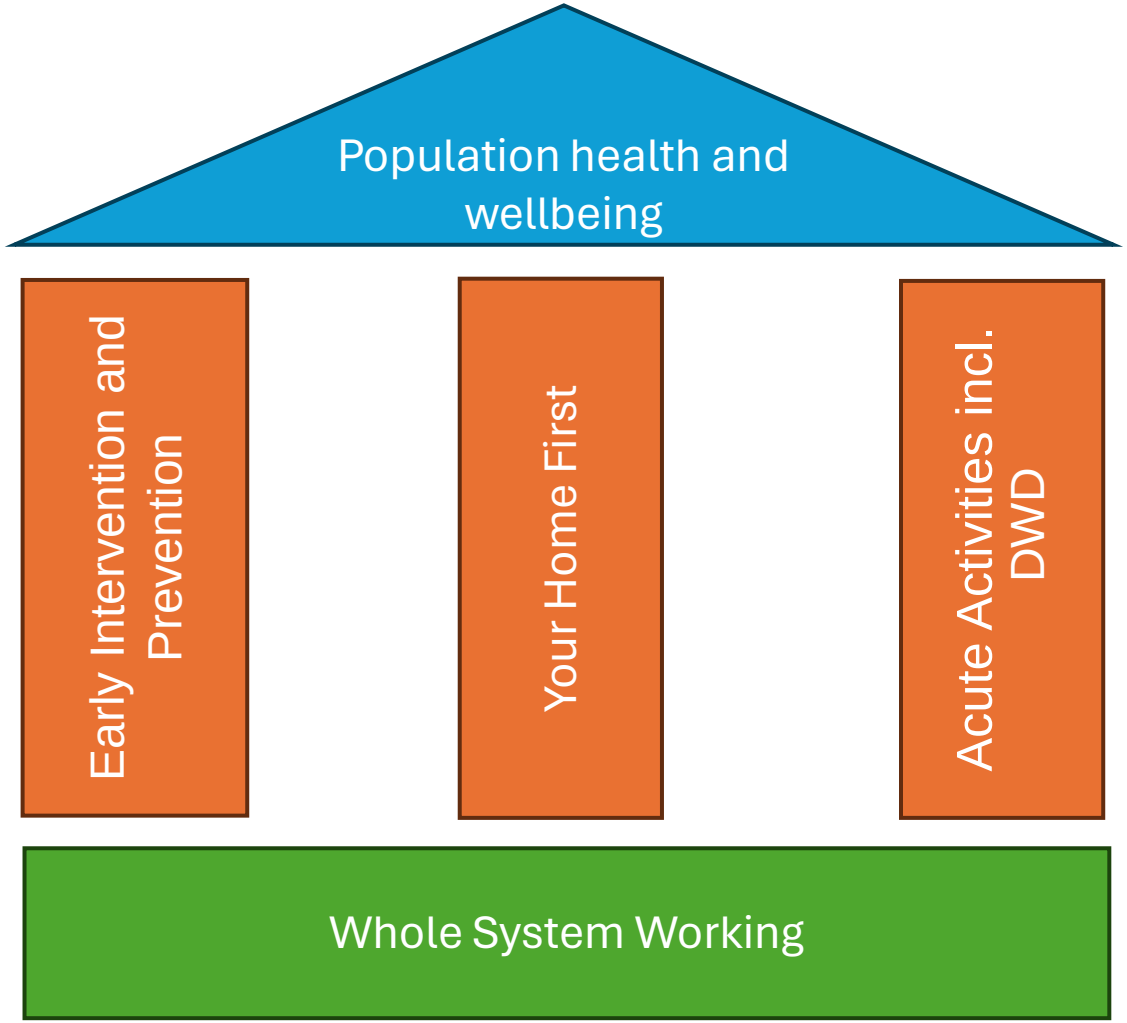
Whole System Approach to Unscheduled Care

Garry Fraser, Director of Acute Services
David Williams, IJB Chief Officer Clackmannanshire and Stirling
Jennifer Champion, Acting Director of Public Health
Gail Woodcock, IJB Chief Officer Falkirk

Context

- Whole system approach to Urgent and Unscheduled care
- Population Health approach
- “Your Home First”
- Acute action plan
- Impact

Whole System Approach



Whole system working

- Co-production
- Communications and engagement
- Public Health Scotland data and intelligence
- Centre for Sustainable Delivery engagement (CfSD)
- Performance dashboards
- Whole system escalation

Whole System Working

A Population Health approach

Early Intervention and Prevention

- **Understanding demand**
  - Mapping and analysis of routes and reasons for access to urgent and unscheduled healthcare
  - Whole systems approach
  - Unmet needs
  - Prevention and early intervention
- National Public Health Action Team (PHAcT) Work stream 1
  - Subgroup 1: system pressures and drivers - ‘is the population getting sicker?’
  - Subgroup 2: social care pressures and opportunities
- Future needs
  - Analysis of Scottish Burden of Disease data
  - Current and forecasted future health needs

Your Home First

Your Home First

“embedding a whole system approach to ensure that people receive their health and care needs at home or as close to home as possible"

For example

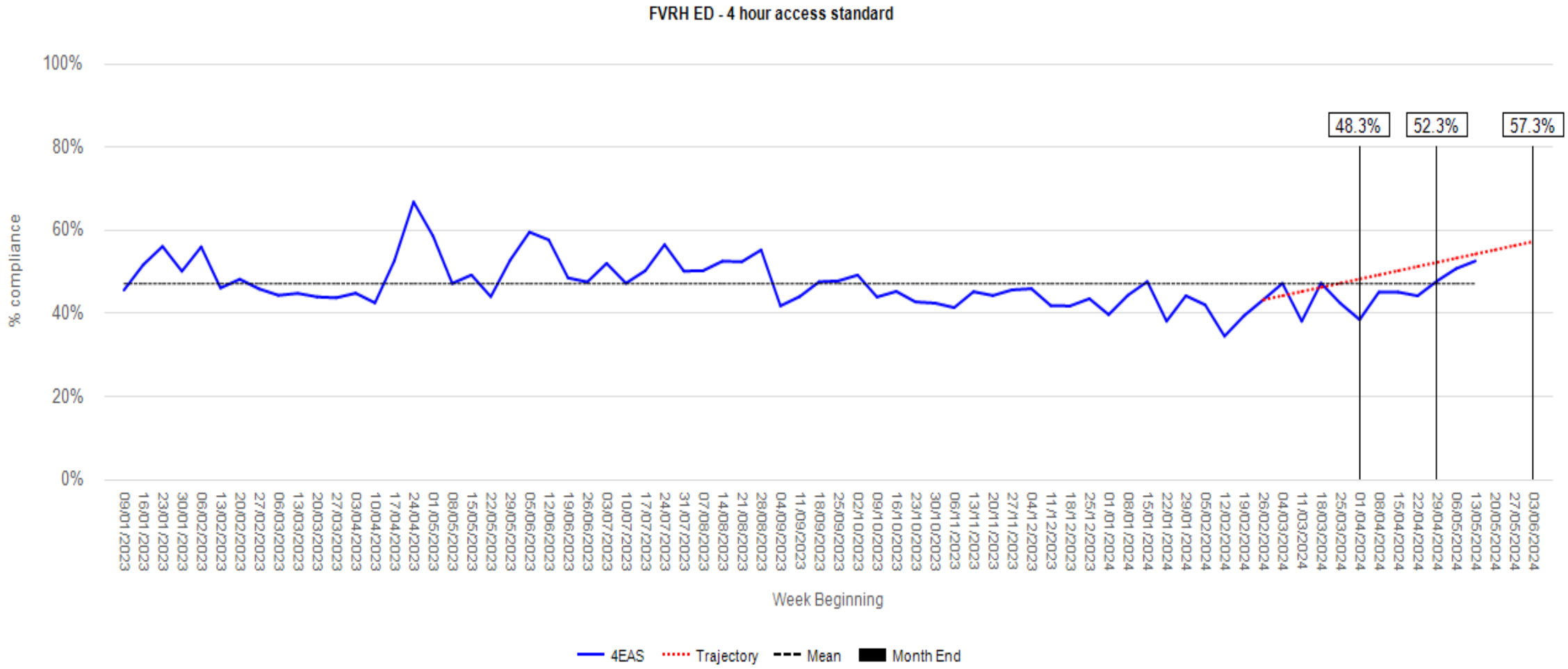
- Integrated OOH and Streamlining Access
- Front door triage
- Ambulatory Frailty pathway
- Whole system discharge improvement plan (avoiding failure)

Acute actions underway

Acute Activities incl. DWD

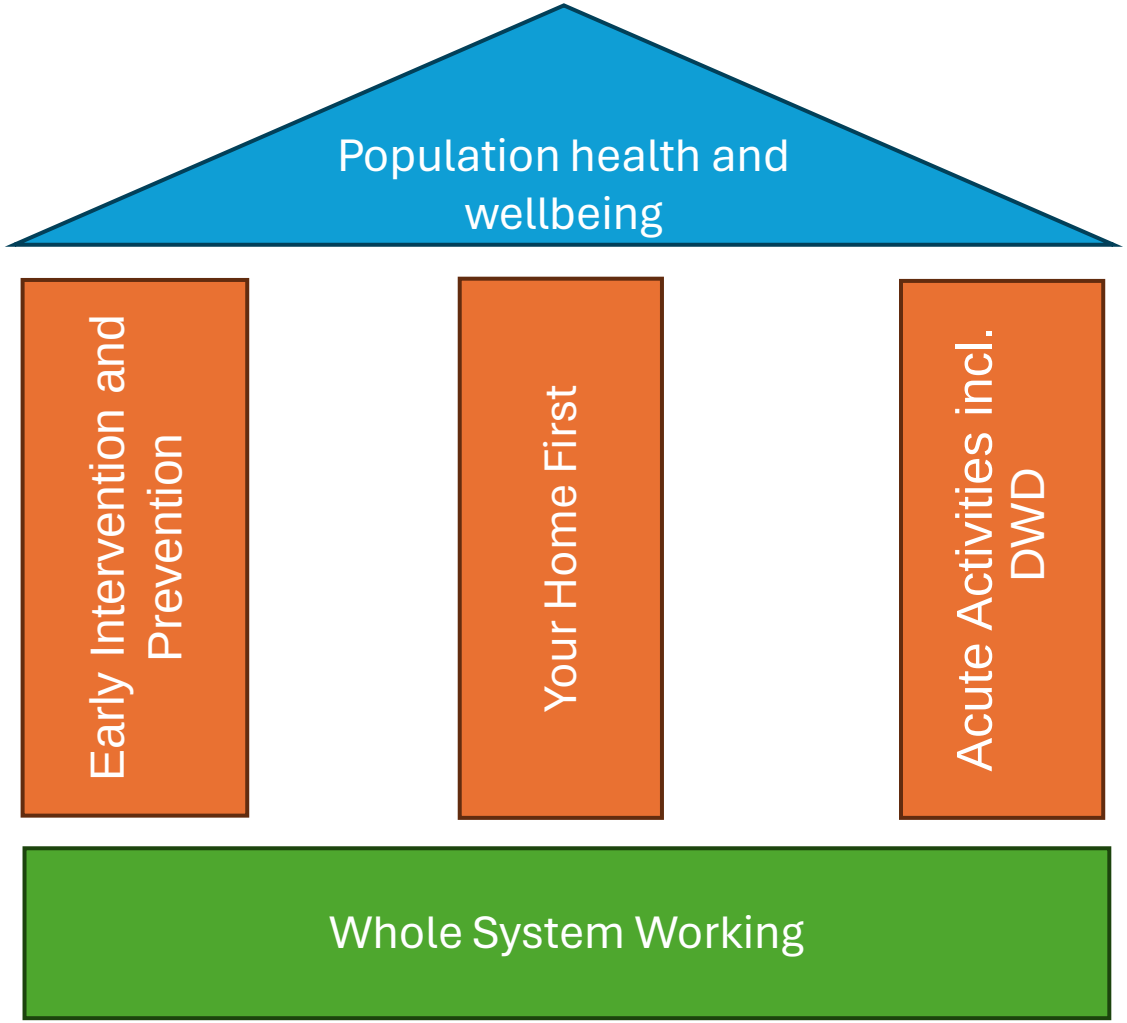
- 6 point UUSC action plan
- Review current FNC model to optimise current services / pathways.
- A high-level Target Operating Model (TOM) for the front door
- Ward Beat Implementation
- Increased focus on Daily Dynamic Discharge MDT board rounds and accurate PDD recording for every patient
- Frailty management
- Whole system escalation

4 hour ED performance for FVRH only



- Understanding whole system demand
- Sustainable processes
- Better access to safe care and patient experience
- Increased staff morale
- Reduction in unfunded beds
- Financial savings
- Alignment with HSCP Strategic Plan objectives

Questions?


Population health and wellbeing
Early Intervention and Prevention
Your Home First
Acute Activities incl. DWD
Whole System Working

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

13. Performance Report
For Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Author: Ms Kerry Mackenzie, Head of Corporate Governance; Ms Claire Giddings, Corporate Performance Manager

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Executive Summary
The overall approach to performance within NHS Forth Valley underlines the principle that performance management is integral to the delivery of quality improvement and core to sound management, governance, and accountability.

The Performance Report is presented to provide the NHS Board with key performance information to support effective monitoring of system-wide performance.

Recommendation
The Forth Valley NHS Board is asked to:

- **note** the current key performance issues.
- **consider** the detail within the Performance Report.
- **consider** the proposed level of Assurance.

Assurance
Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A Reasonable level of assurance is proposed on the basis that a comprehensive performance report supported by a scorecard, graph and narrative detail is presented to the NHS Board and Performance and Resources Committee for scrutiny and discussion. The scorecard is continually reviewed to ensure appropriate revisions or amendments are included in a responsive and timely manner.

Performance reporting and monitoring links to a number of strategic and organisational risks detailed in the Risk Assessment / Management section of the report.

Key Issues to be considered
The Performance Report considers key metrics in relation to system-wide performance and provides a month-on-month progress overview. Included within the metrics are the eight key standards that are most important to patients: 12-week outpatient target, diagnostics, 12-week treatment time guarantee, cancer targets, access to Psychological Therapies, access to Child & Adolescent Mental Health Services and Accident & Emergency 4-hour waits. Following review, a number of metrics previously reported pre-covid have been reintroduced and

additional metrics have been added to support the provision of a more detailed system-wide picture.

NHS Forth Valley was escalated to Stage 4 of the NHS Scotland Performance Escalation Framework (now Support and Intervention Framework) for concerns relating to Governance, Leadership, Culture, and a range of performance-related issues, notably in GP and Primary Care Out of Hours services, unscheduled care, mental health and integration. A number of these performance areas are detailed within the Performance Report namely unscheduled care, Child & Adolescent Mental Health Services and psychological therapies.

The scorecard provides a comprehensive 'at a glance' view of measures with work on-going to ensure accuracy of data, and that all the definitions and reporting periods remain appropriate and meaningful.

The Performance Report is routinely presented to the scheduled meetings of the Performance & Resources Committee ahead of the NHS Board.

1. Key Performance Issues

- ***Unscheduled Care***

Overall compliance with the 4-hour emergency access standard (EAS) in March 2024 was 51.5%; Minor Injuries Unit 99.5%, Emergency Department 43.2%. A total of 2,888 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,509 waits longer than eight hours, 719 waits longer than 12 hours and 97 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,695 patients, noting this is an increase from 1,424 in March 2023. The number of patients waiting for first assessment continues to be as a result of issues in relation to capacity and flow. Wait for a bed accounted for 523 patients waiting beyond 4 hours with Clinical reasons accounting for 196 breaches.

In March 2024 there were 522 new attendances to Rapid Assessment and Care Unit (RACU), 149 of which were via ED.

- ***Scheduled Care***

At the end of March 2024, the number of patients on the waiting list for a first outpatient appointment was 14,834 compared with 18,887 in March 2023 with the number waiting beyond 12 weeks 5,725 compared to 7,699 in March 2023. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the financial year April 2023 to March 2024 as 99% compliance.

The number of inpatients/daycases waiting increased to 5,275 with an increase in those waiting beyond 12 weeks against the previous year. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the financial year April 2023 to March 2024 as 119% compliance.

At the end of March 2024, 6,580 patients were waiting beyond the 6-week standard for imaging with 281 patients were waiting beyond 6 weeks for endoscopy. Activity against the remobilisation plan for financial year April to March 2024 is noted as 96% and 155% respectively.

Cancer target compliance in February 2024:

- 62-day target – 79.7% of patients waited less than 62 days from urgent suspicion of cancer referral to first cancer treatment. This is compared with the February 2023 position of 70.6%.
- 31-day target – 100%

The position for the October to December 2023 quarter is that 76.0% of patients were treated within 62 days of referral with a suspicion of cancer. This is an improvement from the previous quarter. During the same period, 98.7% of patients were treated within 31 days of the decision to treat.

- ***DNA***

The new outpatient DNA rate across acute services in March 2024 is noted as 5.8% which is an improvement from the position in March 2023 of 6.2%. The return outpatient DNA rate across acute services in March 2024 was 6.4%.

- ***Psychological Therapies***

In March 2024, 73.5% of patients started treatment within 18 weeks of referral.

- ***Child & Adolescent Mental Health Services (CAMHS)***

In March 2024, 95.5% of patients started treatment within 18 weeks of referral.

- ***Workforce***

The sickness absence target is 4.0%. Absence remains above the target at 7.03% in February 2024 noting a reduction from 7.22% in February 2023.

Special leave absence for Coronavirus reasons is noted as 0.13% in February 2024, with the overall absence for February 2024, 7.16%.

- ***Delayed Discharges***

The March 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 90 delays; this is compared with 53 in March 2023. There was a total of 54 code 9 and guardianship delays and no infection codes. The total number of delayed discharges was noted as 144.

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the March 2024 census was 3,411, this is an increase from 2,067 in March 2023.

2. Report format

- The report details Key Performance Issues, Key Performance Measures, and Key Performance Graphs.
- Notes have been included within the Key Performance Measures and provide additional information including definitions and detail in relation to the indicators and targets.
- Measures, Graphs and Key Performance Issues narrative are linked and should be viewed collectively.
- The Scotland comparison has been included where possible in the Key Performance Measures and Key Performance Graphs sections.
  Note that the Scotland figures are typically a month or quarter behind.
- Where a Forth Valley wide measure is reported any areas of challenging or poor performance within a specialty will be highlighted in the narrative.
- Performance data and graphs continue to be developed within the Pentana Performance & Risk Management System with graph detail from Pentana included in the report.

2.1. Performance Scorecard

KEY PERFORMANCE MEASURES

BETTER CARE

REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS REPORTING PERIOD	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL (YEAR ON	SCOTLAND POSITION	SCOTLAND DATE	NOTES
HOSPITAL STANDARDISED MORTALITY RATE													
MR1	SG	Rolling 12 mth	Hospital Standardised Mortality Ratio (HSMR)	30-Sep-23	</= 1.00	0.89	0.92	1.01	-	▲	1.00	30-Sep-23	Hospital Standardised Mortality Ratio (HSMR) is a measure of mortality adjusted to take account of some of the factors known to affect the underlying risk of death. The data is calculated on a rolling 12 months and published quarterly.
UNSCHEDULED CARE													
	FV	Monthly	Total Number of ED Attendances	31-Mar-24	Reduction	5,344	4,860	4,930	-	▼	-	-	
US1	SG	Monthly	Number of ED Attendances (4 hour access target)	31-Mar-24	Reduction	5,078	4,619	4,930	-	▼	-	-	
US2	SG	Monthly	Emergency Department % compliance against 4 hour access target	31-Mar-24	95%	43.2%	40.8%	45.4%	✓	▼	63.8%	29-Feb-24	Number of ED attendances and a target of 'Reduction' is relevant in relation to capacity and flow. National standard for A&E waiting times is that unplanned attendances at an A&E service should be seen and then admitted, transferred or discharged within four hours. This standard applies to all areas of emergency care such as EDs, assessment units, minor injury units, community hospitals, anywhere where emergency care type activity takes place. The measure is the proportion of all attendances that are admitted, transferred or discharged within four hours of arrival. 95% of patients should wait no longer than four hours from arrival to admission, discharge or transfer for A&E treatment.
US3	S5	Monthly	Number that waited >4 hours in ED	31-Mar-24	Reduction	2,884	2,735	2,631	-	▼	-	-	
US4	SG	Monthly	Number that waited >8 hours in ED	31-Mar-24	Reduction	1,508	1,455	1,209	-	▼	-	-	
US5	SG	Monthly	Number that waited >12 hours in ED	31-Mar-24	Reduction	718	819	436	-	▼	-	-	
US6	SG	Monthly	Number that waited >23 hours in ED	31-Mar-24	Reduction	97	209	34		▼	-	-	
	FV	Monthly	Total Number of MIU Attendances	31-Mar-24	Reduction	1,828	1,562	1,739	-	▼	-	-	
US7	SG	Monthly	Number of MIU Attendances (4 hour access target)	31-Mar-24	Reduction	876	743	1,739	-	▼	-	-	
US8	SG	Monthly	Minor Injuries Unit % compliance against 4 hour target	31-Mar-24	95%	99.5%	99.9%	99.8%	-	▼	-	-	
US9	SG	Monthly	NHS Forth Valley Overall % compliance against 4 hour target	31-Mar-24	95%	51.5%	49.0%	59.6%	✓	▼	67.0%	29-Feb-24	
US10	FV	Monthly	Number of ED attendances - Mental Health (4 hour access target)	31-Mar-24	Reduction	46	48	63	-	-	-	-	Attendances at A&E with a cause of injury recorded as Intentional Self Harm
US11	FV	Monthly	Emergency Department % compliance against 4 hour access target - Mental Health	31-Mar-24	95%	15.2%	14.6%	33.3%	-	▼	-	-	
US12	FV	Monthly	Number of Rapid Assessment and Care Unit New Attendances	31-Mar-24	-	522	545	544	-	-	-	-	
US13	FV	Monthly	Number of Rapid Assessment and Care Unit Scheduled Return Attendances	31-Mar-24	-	142	131	150	-	-	-	-	
US14	FV	Monthly	Number of Re-directions from ED	31-Mar-24	-	619	468	509	-	-	-	-	Redirections from ED to a more suitable setting enabling receipt of the right care, in the right place at the right time
US15	FV	Monthly	Re-directions from ED %	31-Mar-24	-	11.6%	9.6%	10.3%	-	-	-	-	
US16	FV	Monthly	Number of Emergency Admissions	31-Mar-24	Reduction	3,364	3,096	3,131	-	▼	-	-	Admission to a hospital bed following an attendance at an A&E service.
OUT OF HOURS													
OH1	FV	Monthly	Number of Out of Hours Presentations	31-Mar-24	Reduction	6,189	5,008	4,454	-	▼	-	-	
	FV	Monthly	Advice	31-Mar-24	-	4,425	3,452	3,439	-	-	-	-	
	FV	Monthly	Attend OOH Appointment	31-Mar-24	-	1,469	1,278	818	-	-	-	-	
	FV	Monthly	Home Visit	31-Mar-24	-	179	147	109	-	-	-	-	
	FV	Monthly	Mental Health	31-Mar-24	-	43	33	33	-	-	-	-	
	FV	Monthly	SAS In Attendance	31-Mar-24	-	72	89	45	-	-	-	-	
	FV	Monthly	Video Consultation	31-Mar-24	-	1	3	3	-	-	-	-	
OH2	FV	Monthly	Out of Hours % Rota Fill	31-Mar-24	-	94%	97%	64%	-	▲	-	-	
SCHEDULED CARE													
OUTPATIENTS													
SC1	SG	Monthly	Total Number of New Outpatients Waiting	31-Mar-24	Reduction	14,834	14,315	18,887	✓	▲	-	-	An outpatient is categorised as a new outpatient at his first meeting with a consultant or his representative following an outpatient referral. Outpatients whose first clinical interaction follows an inpatient episode are excluded. Scotland position quarterly
SC2	SG	Monthly	Number of New Outpatients waiting over 12 weeks	31-Mar-24	Reduction	5,725	6,562	7,639	✓	▲	-	-	
SC3	SG	Monthly	New Outpatients waiting under 12 weeks %	31-Mar-24	95%	61.4%	56.0%	59.2%		▲	40.1%	31-Dec-23	
SC4	SG	Monthly	Compliance with Annual Delivery Plan trajectories - New Outpatients	31-Mar-24	100%	93%	93%	93%	-	◄►	-	-	
SC5	SG	FYTD	Compliance with Annual Delivery Plan trajectories - New Outpatients	31-Mar-24	100%	93%	93%	87%	-	▲	-	-	
SC6	Audit	Monthly	Outpatient Unavailability	31-Mar-24	Monitor	0.8%	0.8%	0.6%	✓	▼	0.8%	31-Dec-23	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
SC7	FV	Monthly	New Acute Services Outpatient % DNA	31-Mar-24	5%	5.8%	4.8%	6.2%	-	▲	6.3%	31-Dec-23	A patient may be categorised as did not attend (DNA) when the hospital is not notified in advance of the patient's unavailability to attend on the offered admission date, or for any appointment. Scotland position quarterly
SC8	FV	Monthly	Return Acute Services Outpatient % DNA	31-Mar-24	5%	6.4%	6.4%	6.3%	-	▼	-	-	

DIAGNOSTICS - Imaging													
SC10	SG	Monthly	Total number waiting - Imaging	31-Mar-24	Reduction	10,314	3,824	4,307		▼	-	-	Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations - Xray, Ultrasound, CT, MRI, Colonoscopy, Upper Endoscopy, Lower Endoscopy, Cystoscopy Scotland position monthly, available quarterly
SC11	SG	Monthly	Number waiting beyond 42 days - Imaging	31-Mar-24	0	6,580	5,355	767	-	▼	-	-	
SC12	SG	Monthly	Percentage waiting less than 42 days - Imaging	31-Mar-24	100%	36.2%	39.4%	82.2%	✓	▼	51.5%	31-Dec-23	
SC13	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Imaging	31-Mar-24	100%	107%	99%	113%	-	▲	-	-	
SC14	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Imaging	31-Mar-24	100%	96%	96%	115%	-	▼	-	-	
DIAGNOSTICS - Endoscopy													
SC15	SG	Monthly	Total number waiting - Endoscopy	31-Mar-24	Reduction	762	816	589		▼	-	-	
SC16	SG	Monthly	Number waiting beyond 42 days - Endoscopy	31-Mar-24	0	281	252	130	-	▼	-	-	
SC17	SG	Monthly	Percentage waiting less than 42 days - Endoscopy	31-Mar-24	100%	63.1%	63.1%	67.7%	✓	▼	33.4%	31-Dec-23	
SC18	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Endoscopy	31-Mar-24	100%	140%	130%	110%	-	▲	-	-	
SC19	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Endoscopy	31-Mar-24	100%	155%	157%	107%	-	▲	-	-	
CANCER													
SC20	SG	Monthly	62 Day Cancer Target - Percentage compliance against target	29-Feb-24	95%	73.7%	69.6%	70.6%	✓	▲	68.8%	29-Feb-24	Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 62 and 31 day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance. The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.
SC21	SG	Monthly	62 Day Cancer - Number seen within target against total	29-Feb-24	-	55/69	48/69	60/85	-	-	-	-	
SC22	SG	Monthly	31 Day Cancer Target - Percentage compliance against target	29-Feb-24	95%	100.0%	98.2%	99.0%	✓	▲	94.5%	29-Feb-24	
SC23	SG	Monthly	31 Day Cancer Target - Number seen within target against total	29-Feb-24	-	94/94	109/111	102/103	-	-	-	-	
SC24	SG	Quarterly	62 Day Cancer Target - Percentage compliance against target	31-Dec-23	95%	76.0%	68.2%	73.6%	✓	▲	69.3%	31-Dec-23	
SC25	SG	Quarterly	31 Day Cancer Target - Percentage compliance against target	31-Dec-23	95%	98.7%	98.1%	96.4%	✓	▲	93.5%	31-Dec-23	
INPATIENTS & DAYCASES													
SC26	SG	Quarterly	Number of patients that waited >12 weeks - Completed Wait	31-Mar-24	0	1429	1167	1125	-	-	-	-	Treatment Time Guarantee (TTG) - There is a 12 week maximum waiting time for the treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis. Scotland position quarterly
SC27	SG	Quarterly	% Compliance with 12 week TTG Standard	31-Mar-24	100%	47.0%	53.6%	51.7%	-	▼	57.6%	31-Dec-23	
SC28	SG	Monthly	Total Number of Inpatients/Day cases Waiting	31-Mar-24	Reduction	5,275	5,519	4,372	✓	▼	-	-	
SC29	SG	Monthly	Number of Inpatients/Day cases waiting over 12 weeks	31-Mar-24	Reduction	2,899	3,163	2,193	✓	▼	-	-	
SC30	SG	Monthly	Percentage of Inpatients/Day cases waiting under 12 weeks	31-Mar-24	100%	45.0%	42.7%	49.8%	✓	▼	31.6%	31-Dec-23	
SC31	SG	Monthly	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	31-Mar-24	100%	138%	126%	82%	-	▲	-	-	
SC32	SG	FYTD	Compliance with Annual Delivery Plan trajectories - Inpatients/Day cases	31-Mar-24	100%	119%	117%	81%	-	▲	-	-	
SC33	Audit	Monthly	Inpatient/Day case Unavailability	31-Mar-24	Monitor	6.2%	5.0%	5.3%	✓	▼	3.0%	31-Dec-23	Unavailability, for patients without a date for treatment, is a period of time when the patient is unavailable for treatment. Unavailability can be for medical or social reasons. Scotland position quarterly
READMISSIONS													
R1	FV	Monthly	Readmissions - Surgical 7 day	31-Mar-24	Reduction	2.3%	3.3%	2.1%	-	▼	-	-	This is the measure of patients readmitted as an emergency to a medical/surgical specialty within 7 days or 28 days of the index admission. Emergency readmissions as a percentage of all admissions.
R2	FV	Monthly	Readmissions - Surgical 28 day	31-Mar-24	Reduction	4.2%	5.2%	6.2%	-	▲	-	-	
R3	FV	Monthly	Readmissions - Medical 7 day	31-Mar-24	Reduction	1.1%	1.2%	1.4%	-	▲	-	-	
R4	FV	Monthly	Readmissions - Medical 28 day	31-Mar-24	Reduction	3.7%	4.5%	3.8%	-	▲	-	-	
MENTAL HEALTH													
PSYCHOLOGICAL THERAPIES													
MH1	SG	Monthly	Psychological Therapies - 18 week RTT compliance	31-Mar-24	90%	73.5%	69.8%	78.2%	✓	▼	-	-	The 18 Weeks RTT is a whole journey waiting time standard from initial referral to the start of treatment. The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.
MH2	FV	Monthly	Total Number Waiting for Pyschological Therapies Initial Assessment	31-Mar-24	Reduction	712	718	610	-	▼	-	-	
MH3	SG	Quarterly	Psychological Therapies - 18 week RTT compliance	31-Mar-24	90%	68.3%	68.3%	71.1%	✓	▼	80.6%	31-Dec-23	
CHILD & ADOLESCENT MENTAL HEALTH SERVICES													
MH4	SG	Monthly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Mar-24	90%	35.5%	35.6%	46.0%	✓	▲	-	-	
MH5	FV	Monthly	Total Number Waiting for CAMHS Initial Assessment	31-Mar-24	Reduction	120	136	216	-	▲	-	-	
MH6	SG	Quarterly	Child & Adolescent Mental Health Services - 18 week RTT compliance	31-Mar-24	90%	92.8%	66.4%	42.5%	✓	▲	83.8%	31-Dec-23	
SUBSTANCE USE													
SM1	SG	Quaterly	% Compliance with the 3 Week target - ADP (excluding Prisons)	31-Dec-23	90%	59.7%	87.2%	92.4%	✓	▼	90.6%	31-Dec-23	The Scottish Government set a Standard that 90% of people referred for help with problematic drug or alcohol use will wait no longer than three weeks for specialist treatment that supports their recovery.
SM2	SG	Quaterly	% Compliance with the 3 Week target - Prisons	31-Dec-23	90%	100.0%	100.0%	97.5%	✓	▲	92.1%	31-Dec-23	
COMPLAINTS													
C1		Monthly	% Compliance Forth Valley (inc. prisons)	29-Feb-24	100%	60.7%	57.6%	64.0%	✓	▼	-	-	Complaints monitoring and feedback is a standing item on the Clinical Governance Committee agenda
C2		Monthly	% Compliance Stage 1 (inc. prisons)	29-Feb-24	100%	78.6%	60.4%	100.0%	✓	▼	-	-	
C3		Monthly	% Compliance Stage 2 (inc. prisons)	29-Feb-24	100%	8.3%	8.7%	34.0%	✓	▼	-	-	

BETTER WORKFORCE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	
WF1	FV	Monthly	COVID-19 Special Leave - number of employees	29-Feb-24	-	55	145	166	-	▲	-	-	From 1st September 2022 coronavirus absences are included within the sickness absence totals however there are some still instances recorded as Special Leave and are not included within the sickness absences. Hours lost due to sickness absence / total hours available (%). Short Term Absence - a period of sickness absence of 28 days or less Long Term Absence - a period of sickness absence lasting over 28 days Absence Management is a standing item on the Staff Governance Committee
WF2	FV	Monthly	COVID-19 Special Leave	29-Feb-24	-	0.13%	0.34%	0.48%	✓	▲	-	-	
WF3	SG	Monthly	Overall Absence (excluding Covid Special Leave)	29-Feb-24	4.0%	7.03%	7.90%	7.22%	✓	▲	6.10%	29-Feb-24	
WF4	FV	Monthly	Short Term Absence	29-Feb-24	-	2.58%	3.11%	2.40%	-	▼	-	-	
WF5	FV	Monthly	Long Term Absence	29-Feb-24	-	4.45%	4.79%	4.82%	-	▲	-	-	
WF6	FV	Rolling 12 mth	Overall Absence (excluding Covid Special Leave)	29-Feb-24	-	7.04%	7.03%	7.15%	-	▲	6.20%	29-Feb-24	
BETTER VALUE													
REF	Target Type	FREQUENCY	MEASURE	DATE	TARGET	CURRENT POSITION	PREVIOUS POSITION	PREVIOUS YEAR	RUN CHART	DIRECTION OF TRAVEL	SCOTLAND POSITION	SCOTLAND DATE	
DELAYED DISCHARGES											-	-	
VA1	FV	Monthly	Delayed Discharges - excl. Code 9 & Guardianship (Standard Delays)	31-Mar-24	Reduction	30	34	53	✓	▼	-	-	A delayed discharge is a hospital inpatient who has been judged clinically ready for discharge by the responsible clinician in consultation with all agencies involved in planning that patient's discharge, and who continues to occupy the bed beyond the ready for discharge date
			Falkirk	31-Mar-24	Reduction	55	61	35	✓	▼	-	-	
			Clackmannanshire	31-Mar-24	Reduction	16	10	1	✓	▼	-	-	
			Stirling	31-Mar-24	Reduction	15	21	12	✓	▼	-	-	
			Outwith Forth Valley	31-Mar-24	Reduction	4	2	5	✓	▲	-	-	
VA2	FV		Code 9 & Guardianship Delays	31-Mar-24	Reduction	54	53	38	✓	▼	-	-	
			Falkirk	31-Mar-24	Reduction	26	27	23	✓	▼	-	-	
			Clackmannanshire	31-Mar-24	Reduction	7	5	3	✓	▼	-	-	
			Stirling	31-Mar-24	Reduction	17	17	8	✓	▼	-	-	
			Outwith Forth Valley	31-Mar-24	Reduction	4	4	2	✓	▼	-	-	
VA3	FV		Total Bed Days Occupied by Delayed Discharges	31-Mar-24	Reduction	3,411	3,235	2,067	✓	▼	-	-	
			Falkirk	31-Mar-24	Reduction	2,576	2,269	1,279	✓	▼	-	-	
			Clackmannanshire	31-Mar-24	Reduction	231	227	113	✓	▼	-	-	
			Stirling	31-Mar-24	Reduction	430	703	202	✓	▼	-	-	
			Outwith Forth Valley	31-Mar-24	Reduction	114	36	473	✓	▲	-	-	
VA4	FV	Daily	Number waiting for a Community Bed	31-Mar-24	Reduction	66	69	60	-	▼	-	-	
AVERAGE LENGTH OF STAY													
VA4	FV	Monthly	FVRH Acute Wards Average Length of Stay (Days)	31-Mar-24	Reduction	6.67	7.05	7.50	-	▲	7.70	30-Sep-23	This is the mean length of stay (in days) experienced by inpatients in FVRH Acute wards, does not include MH or W&C. Scotland position quarterly - All Inpatients
EFFICIENCY													
E1	FV	Monthly	ED Attendances per 100,000 of the population - Forth Valley	31-Mar-24	Reduction	1,661	1,511	1,613	-	▼	-	-	
E2	FV	Rolling 12 mth	Acute Emergency Bed days per 1,000 population - Forth Valley	29-Feb-24	Reduction	822	736	821	-	▼	-	-	
E3	FV	Monthly	% Bed Occupancy - FVRH	31-Mar-24	Reduction	113.5%	114.6%	111.1%	-	▼	-	-	The percentage occupancy is the percentage of average available staffed beds that were occupied by inpatients during the period. 85% is the nationally agreed standard supporting optimum flow
E4	FV	Monthly	% Bed Occupancy - Assessment Units	31-Mar-24	Reduction	111.0%	117.8%	109.4%	-	▼	-	-	
E5	FV	Monthly	% Bed Occupancy - ICU	31-Mar-24	Reduction	70.3%	85.3%	78.4%	-	▲	-	-	
EQUITABLE													
EQ1		Rolling 3 year	Scottish Breast Screening Programme	2019/22	70%	74.4%	73.3%	73.3%	-	▲	74.5%	2019/22	Percentage uptake (three-year rolling periods), females aged 50-70 years
EQ2		Annually	Scottish Cervical Screening Programme	2021/22	-	72.5%	73.2%	73.2%	-	▼	68.7%	2021/22	The percentage of eligible women who are up-to-date with their screening participation
EQ3		Rolling 2 year	Scottish Bowel Screening Programme	2021/23	60%	66.6%	67.3%	67.3%	-	▼	66.1%	2021/23	Overall uptake of screening - percentage of people with a final outright screening test result, out of those invited (2 year reporting period)
EQ4		Annually	Scottish Abdominal Aortic Aneurysm (AAA) screening programme	2022/23	75%	24.1%	80.8%	80.8%	-	▼	70.7%	2022/23	Percentage of eligible population who are tested before age 66 and 3 months
		Annually	Surveillance AAA scan (quarterly)	2022/23	90%	81.0%	94.2%	94.2%	-	▼	93.2%	2022/23	Due to attend quarterly surveillance and tested within 4 weeks of due date
		Annually	Surveillance AAA scan (annually)	2022/23	90%	84.4%	97.6%	97.6%	-	▼	94.0%	2022/23	Due to attend annual surveillance and tested within 6 weeks of due date
EQ5		Quarterly	NHS stop smoking services: Local Delivery Plan (LDP) - Number of 12-week quits	30-Sep-23	86.75	68	51	71	-	▼	-	-	The LDP Standard for NHS Scotland in 2022/23 is to achieve at least 7,026 self-reported successful twelve-week quits through smoking cessation services in the 40% most deprived areas
EQ6		Quarterly	NHS stop smoking services: 12-week quits as a % of the LDP Quarterly Target	30-Sep-23	100%	78.4%	58.8%	81.8%	-	▼	67.0%	30-Sep-23	
FINANCE													
F1	SG	FYTD	Year to date revenue position	31-Mar-24	Breakeven	£0.123m	-£2.6m	£0.221m	-	▲	-	-	

Scorecard Detail	
Target Type	FV - Local target/measure set and agreed by NHS Forth Valley; SG - Target/measure set by Scottish Government
Frequency	Frequency of monitoring in relation to scorecard
Measure	Brief description of the measure
Date	Date measure recorded
Target	Agreed target position
Current Position	As at date
Previous Reporting Period	Previous year, quarter, month, week or day dependent on frequency of monitoring
Previous Year	Same reporting period in previous year
Run Chart	✓ - indicates run chart associated with measure is available
Key to Direction of travel	▲ - Improvement in period or better than target
	▼ - Deterioration in period or below target
	◄► - Position maintained
Scotland Position	Scotland measure
Scotland Frequency	Frequency of Scotland measure
Notes	

3. Performance Exceptions Report

3.1 Unscheduled Care

Percentage of patients waiting less than 4 hours from arrival to admission, discharge or transfer for accident and emergency treatment - 95% standard.

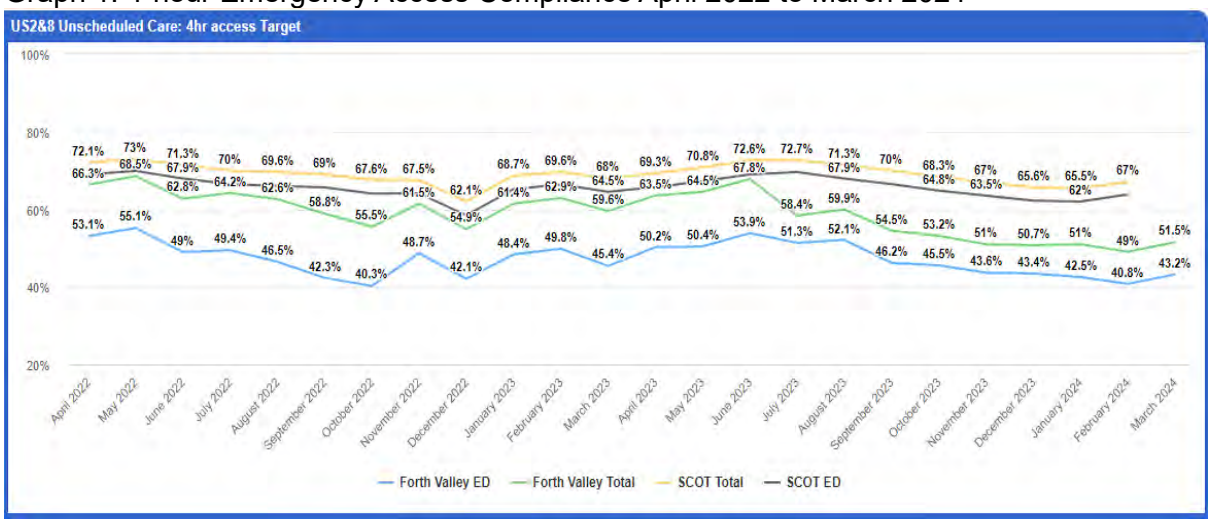
Current Performance

- March 2024 ED Compliance 51.5% - Forth Valley Total.
- March 2024 ED Compliance 43.2% - ED Only.

Scotland Performance

- February 2024 ED Compliance 67.0% - Scotland Total.
- February 2024 ED Compliance 63.8% - Scotland ED Only.

Graph 1: 4-hour Emergency Access Compliance April 2022 to March 2024



Overall compliance with the 4-hour emergency access standard (EAS) in March 2024 was 51.5%; Minor Injuries Unit 99.5%, Emergency Department 43.2%. A total of 2,888 patients waited longer than the 4-hour target across both the ED and Minor Injuries Unit (MIU); with 1,509 waits longer than eight hours, 719 waits longer than 12 hours and 97 waits longer than 23 hours. The main reason for patients waiting beyond 4 hours continues to be wait for first assessment with a cohort of 1,695 patients, noting this is an increase from 1,424 in March 2023. Wait for a bed accounted for 523 patients waiting beyond 4 hours with Clinical reasons accounting for 196 breaches.

One of the key areas of work is to ensure there is flow through the whole system allowing patient flow out of the ED. An intervention plan has been developed to support improvement in the 4-hour emergency access standard performance on the Forth Valley Royal site. This is being progressed in conjunction with the work being undertaken through the Urgent and Unscheduled Care Delivery plan.

Frailty cohorting is in place in the Acute Assessment Unit, the Manchester triage is now being undertaken in ED, and discharge without delay work continues. Key performance indicators and trajectories are in place to support monitoring and management of performance in this area.

Key performance indicators and trajectories are in place to support and manage performance in this area. Further detail is provided at agenda item 12 Urgent and Unscheduled Care Update.

Scheduled Care

3.2 Outpatients

The percentage of patients waiting less than 12 weeks from referral to a first outpatient appointment – 95% Target.

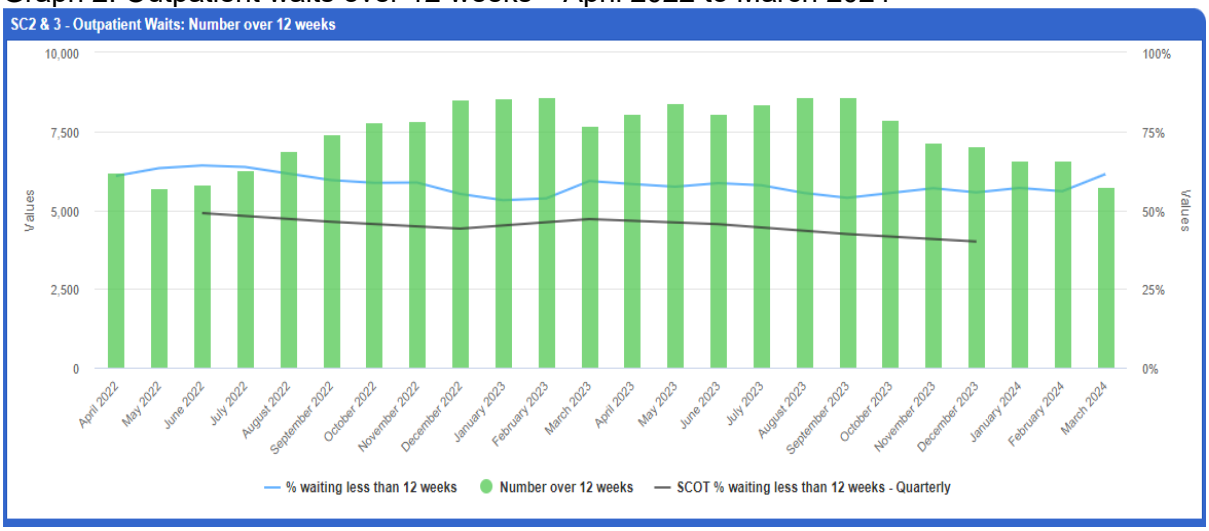
Current Performance

- March 2024 9,109 patients waiting within 12 weeks for new outpatient appointment – 61.4% compliance.
- In quarter 3, 56.3% of new outpatients were waiting less than 12 weeks.

Scotland Performance

- In quarter 3, 40.1% of new outpatients were waiting less than 12 weeks.

Graph 2: Outpatient waits over 12 weeks – April 2022 to March 2024



At the end of March 2024, the number of patients on the waiting list for a first outpatient appointment was 14,834 compared with 18,887 in March 2023 with the number waiting beyond 12 weeks 5,725 compared to 7,699 in March 2023. Note 61.4% of patients were waiting less than 12 weeks for a first appointment; a slight improvement in performance from 59.2% the same period the previous year. 99% of the agreed planned outpatient activity was undertaken for the financial year April 2023 to March 2024.

3.3 Inpatients

Treatment Time Guarantee (TTG) - Eligible patients who start to receive their day case or inpatient treatment within 12 weeks of the agreement to treat – 100% Target.

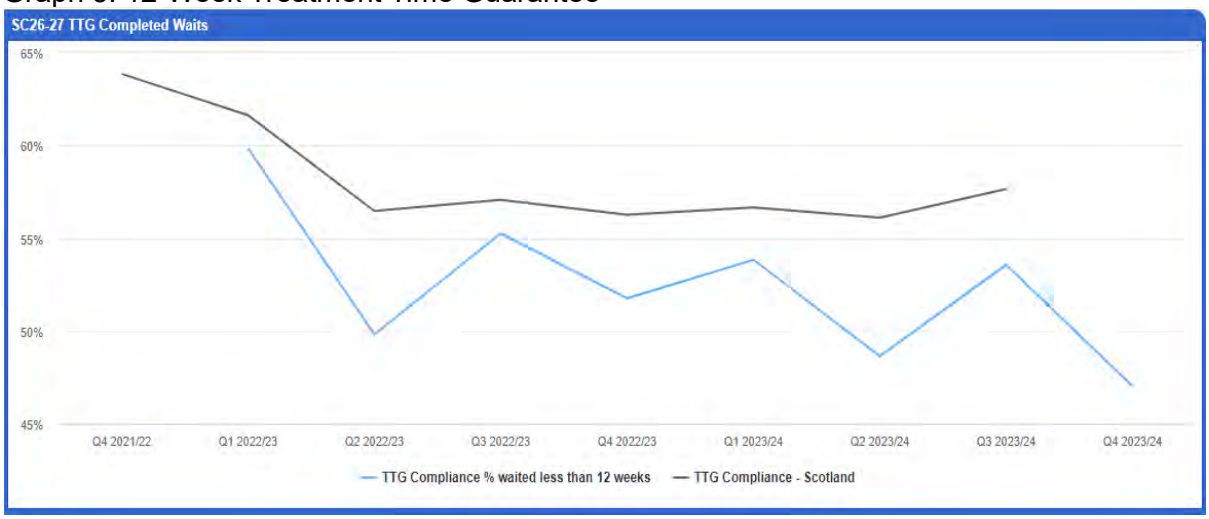
Current Performance

- Inpatient/Daycase treatment time guarantee Quarter 4 – 47.0% (provisional).
- March 2024 – 5,275 patients waiting on an inpatient/daycase treatment – 45.0% waiting under 12 weeks.
- In quarter 3, 53.8% of inpatients and daycases had an ongoing wait under 12 weeks.

Scotland Performance

- Inpatient/Daycase treatment time guarantee Quarter 3 – 57.6%.
- In quarter 3, 31.6% of inpatients and daycases had an ongoing wait under 12 weeks.

Graph 3: 12-Week Treatment Time Guarantee



Graph 4: Inpatients/Daycase waits over 12 weeks – April 2022 to March 2024

In March 2024, the number of inpatients/daycases waiting reduced to 5,275 from 5,519 the previous month however an increase from 4,372 in March 2023. An increase from the previous year in those waiting beyond 12 weeks was also noted. 116% of the agreed planned inpatient and daycase activity was undertaken for the financial year April 2023 to March 2024.

3.4 Unavailability

Monitoring of patient unavailability is an Audit Scotland recommendation and refers to the percentage of outpatient or inpatient/daycase unavailability as a proportion of the total waiting list size.

- Outpatient unavailability in March 2024 was 0.8% of the total waiting list.
- Inpatient/daycase unavailability in March 2024 was 6.2% compared to 5.3% in March 2023. The unavailability rate is less than 10% for all specialties except for Cardiology 12.5% (2 patients). This position is monitored on an ongoing basis.

3.5 Did Not Attend (DNA)

The new outpatient DNA rate across acute services in March 2024 is noted as 5.8% which is an improvement from the position in March 2023 of 6.2%. Variation across specialties continues with rates ranging from 62.5% to 0%. The biggest impact in terms of the number of DNAs can be seen in Ophthalmology 8.5% (57 patients) and Dermatology 3.7% (33 patients).

The return outpatient DNA rate across acute services in March 2024 was 6.4%. There continues to be a high number of DNAs in Ophthalmology with 195 patients (6.4%), Diabetes 155 patients (11.6%) and Dermatology 116 patients (5.7%).

A number of actions are ongoing to support a reduction in the number of DNAs including the roll out of patient focus booking, currently within dermatology, general surgery, and oral and maxillofacial services.

3.6 Diagnostics

Waiting times standard is that patients should be waiting no more than six weeks for one of the eight key diagnostic tests and investigations.

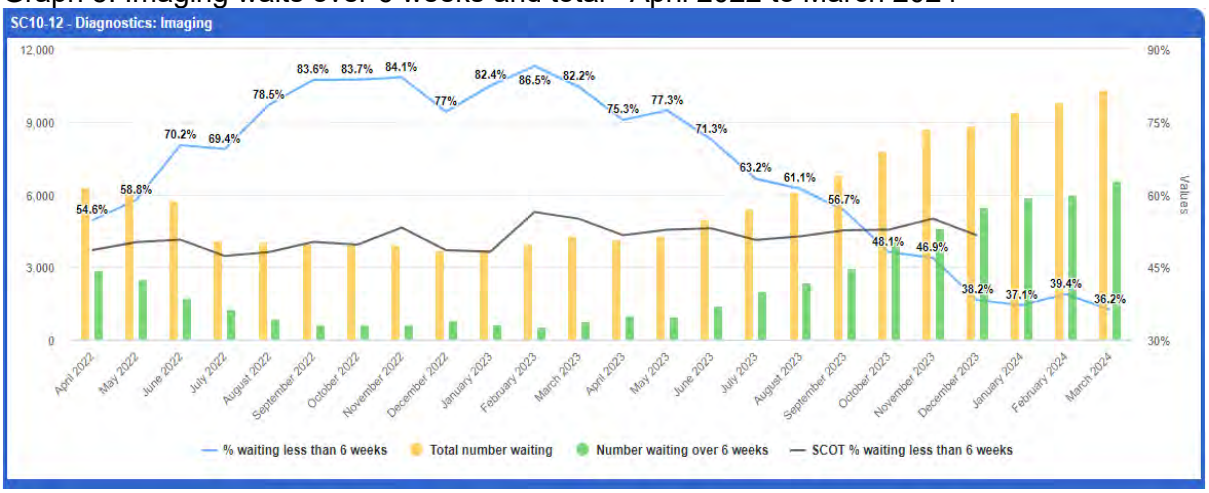
Current Performance

- March 2024 - Imaging – 6,580 patients waiting beyond 6 weeks; 36.2% were waiting less than 6 weeks.
- March 2024 - Endoscopy - 281 patients waiting beyond 6 weeks; 63.1% were waiting less than 6 weeks.

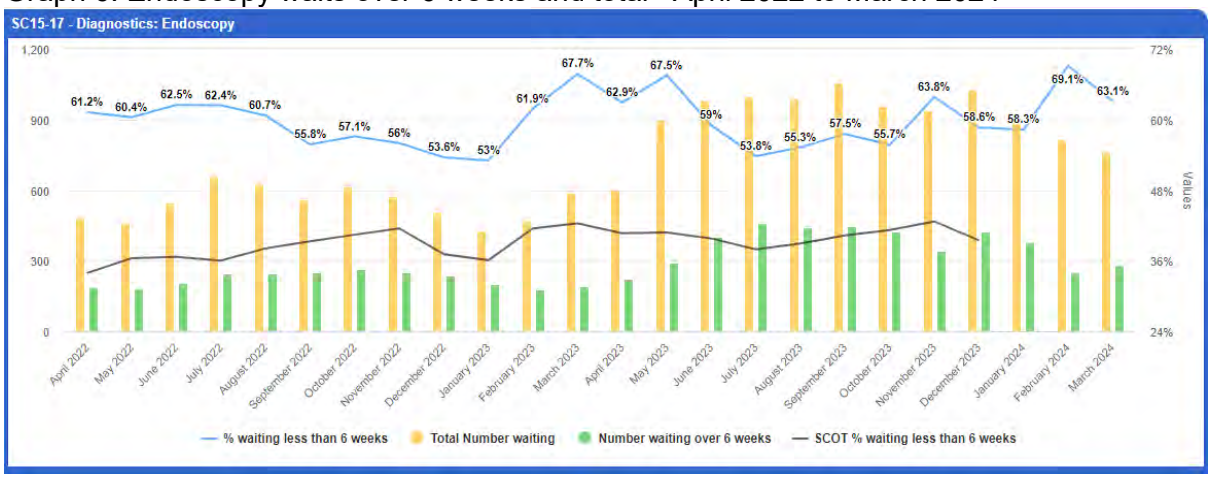
Scotland Performance

- Imaging – 51.5% of patients were waiting less than 6 weeks in December 2023.
- Endoscopy – 39.4% of patients were waiting less than 6 weeks in December 2023.

Graph 5: Imaging waits over 6 weeks and total - April 2022 to March 2024



Graph 6: Endoscopy waits over 6 weeks and total - April 2022 to March 2024



3.6.1 Imaging

At the end of March 2024, 6,580 patients were waiting beyond the 6-week standard for imaging, an increase from 767 in March 2023. Noting 36.2% of patients waiting less than the standard. Activity against the agreed Remobilisation Plan trajectory highlights the cumulative position for the financial year April 2023 to March 2024 as 96% compliance, with the position for March 2024, 107%. Patients continue to be seen on a priority basis with waiting lists actively monitored and managed on an ongoing basis. The total number of patients waiting for imaging in March 2024 was 10,314; an increase from 4,307 in March 2023.

Note that scan requests for urgent suspicion of cancer are prioritised and Radiology continues to have an increasing number of 'date specific' demand. This has impacted on the ability to reduce the waits, especially in CT.

There have been a number of additional CT lists in March supported by agency. This has increased activity and enabled a return to booking date specific cancer patients on-time. The implementation of a 12-hour working day over 7-days is in its infancy and predicted to be fully covering 7-days by late August 2024.

A CT van will be on-site, funded by Scottish Government, by the end of May 2024, bring the longest waiting patients towards the 6-week target. Activity will be shared 50:50 with NHS Lanarkshire.

MRI has been impacted this year due to the National Treatment Centre (NTC) allocations being applied. The performance in MRI continues to be consistent however as the scanners run 13hrs/day, 7-days/week there is no scope for increased capacity at present.

Challenges remain in Ultrasound however the Scottish Government has agreed to fund a Locum Sonographer for 6-months to cover weekend working to support driving drown the long waits.

3.6.2 Endoscopy

At the end of March 2024, 281 patients were waiting beyond 6 weeks for endoscopy compared to 190 in March 2023. 63.1% of patients waiting less than the 6-week standard. Activity against the agreed Remobilisation Plan trajectory remains better than plan. The cumulative position for the financial year April 2023 to January 2024 is noted as 155% compliance with March 2024 compliance against plan, 140%. Despite this level of activity, the total number of patients waiting for endoscopy remains significant with 762 patients in March 2024 noting an increase from 589 in March 2023. However, there has been a steady reduction in total waiting over the last quarter from 1,025 in December 2023.

The Endoscopy team is working closely with the Quality improvement team to move forward improvement work at pace. Modernising ways of working will ensure compliance with the national strategy and guidelines and will maximise current resource and ensure all endoscopy pathways are as efficient as possible.

3.7 Cancer

The 62-day standard states that 95% of eligible patients should wait no longer than 62 days from urgent suspicion of cancer referral to first cancer treatment.

Current Performance

- In February 2024, 79.7% of patients were seen within the 62-day standard.
- In the quarter ending December 2023, 76.0% of patients were seen within the 62-day standard.

Scotland performance

- In the quarter ending December 2023, 69.9% of patients were seen within the 62-day standard.

The 31-day standard states that 95% of all patients should wait no more than 31 days from decision to treat to first cancer treatment.

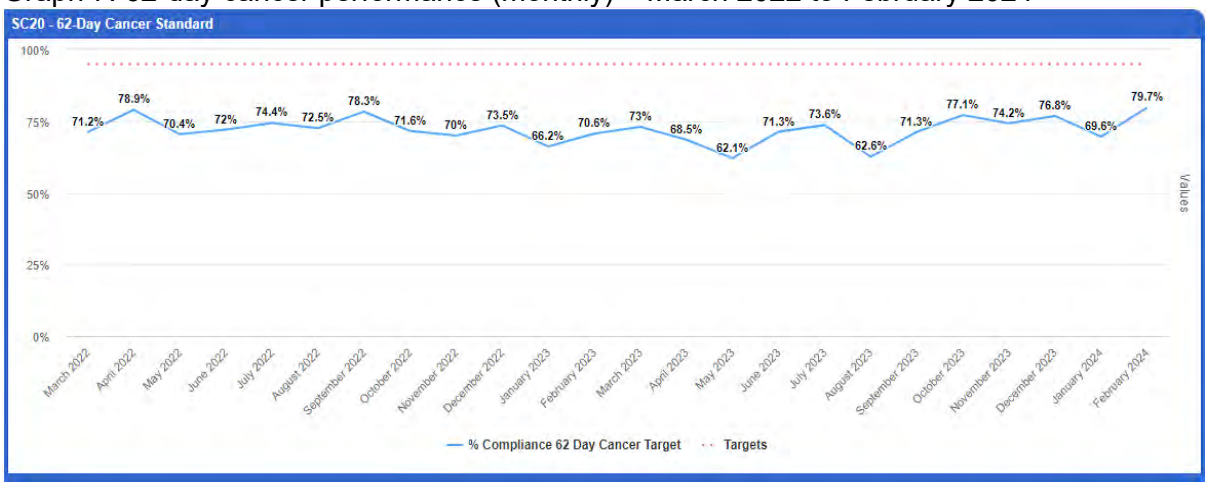
Current Performance

- In February 2024, 100% of patients were seen within the 31-day standard.
- In the quarter ending December 2023, 98.7% of patients were seen within the 31-day standard.

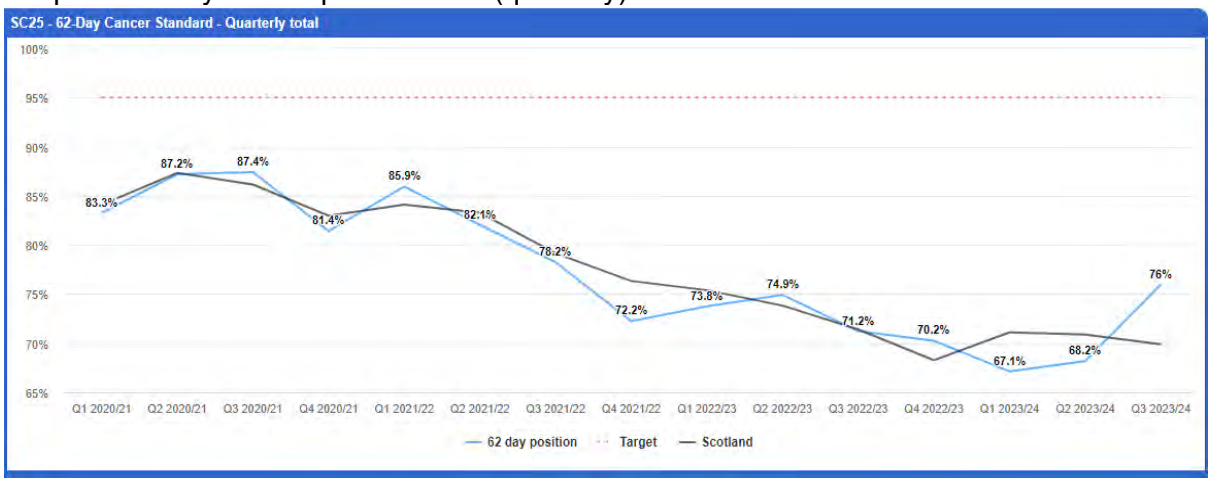
Scotland Performance

- In the quarter ending December 2023, 93.5% of patients were seen within the 31-day standard.

Graph 7: 62-day cancer performance (monthly) – March 2022 to February 2024



Graph 8: 62-day cancer performance (quarterly)



Cancer services remain a priority for scheduled care. All Urgent Suspicion of Cancer referrals are tracked to support achievement of the 31-day and 62-day access targets. In areas where this is not reached priority measures are taken to address this. A robust monitoring system has been established to identify reasons for breaches and ensure a plan is in place to prevent further non-compliance.

The number of patients being tracked on the 62-day cancer pathway is currently approximately 780 of which 14% are confirmed cancer patients.

Five of the 10 cancer pathways achieved 100% with upper GI 90%, lung 88.9%, colorectal 80%, urology 70% and head and neck 25%. The highest number of breaches are within the urology pathway with 6 out of 20 patients not meeting the standard however the impact of improvement work is noted in the performance.

Three out of 4 patients on the head and neck pathway breached the 62-day in February noting complex diagnostic pathways in each case. There are capacity issues in both ENT and Oral however 3 extra ENT consultants will commence in August. It is anticipated that this will ease the pressure in both outpatients and theatres. In addition, recruitment to the position of project manager to help implement the optimal head & neck cancer pathway is underway. Work has already started in this regard with workshops to identify areas where improvement can be made.

3.8 Psychological Therapies

The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.

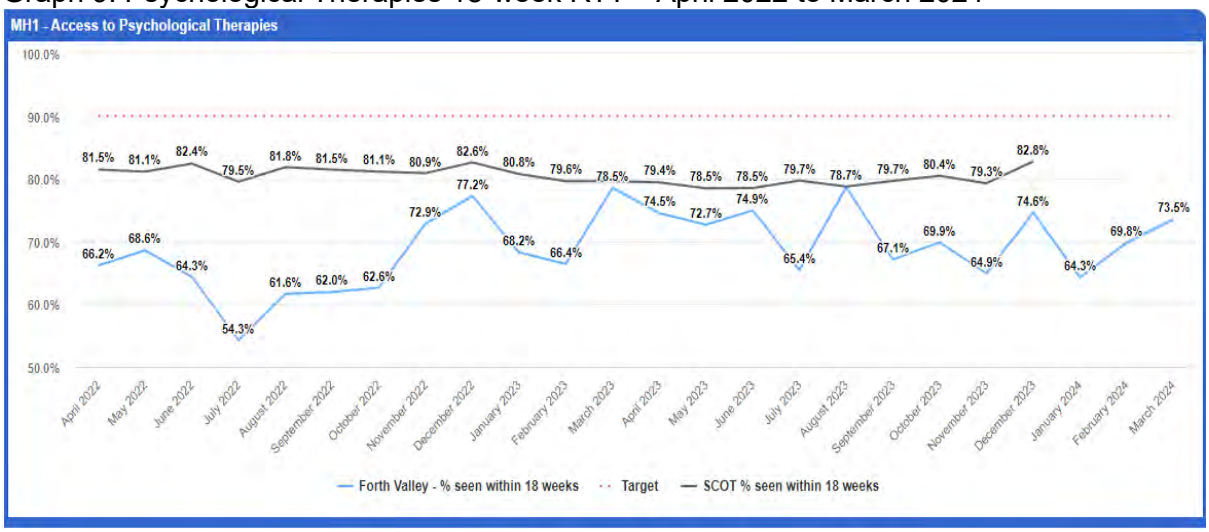
Current Performance

- In March 2024, 73.5% of patients were treated within 18 weeks.
- In quarter 3, 68.9% of patients were treated within 18 weeks.

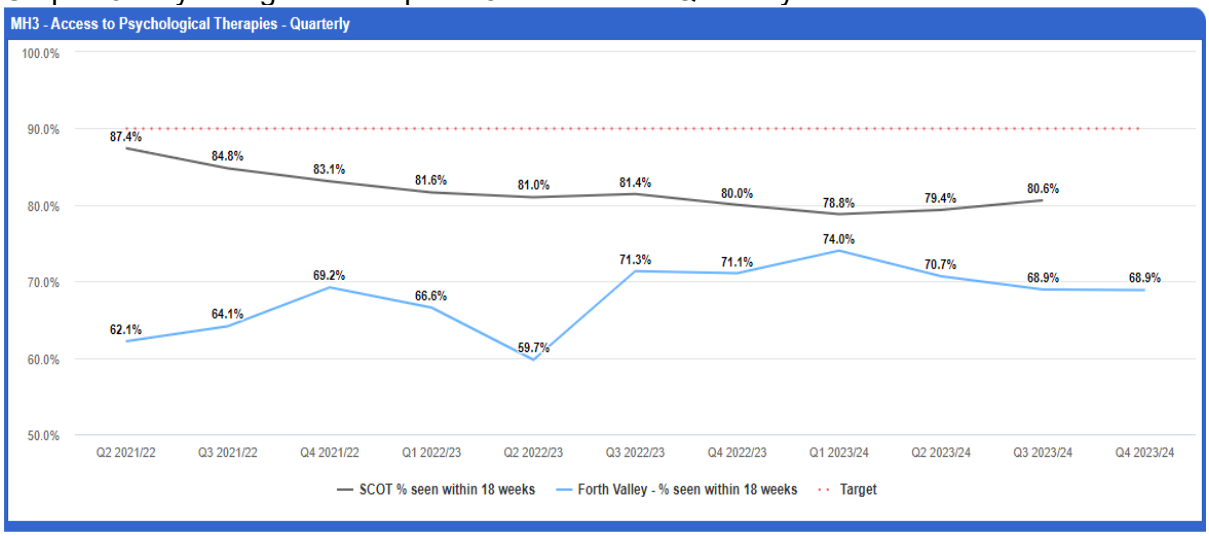
Scotland Performance

- In December 2023, 82.8% of patients were treated within 18 weeks.
- In quarter 3 Compliance, 80.6% of patients were treated within 18 weeks.

Graph 9: Psychological Therapies 18-week RTT – April 2022 to March 2024



Graph 10: Psychological Therapies 18-week RTT – Quarterly



In March 2024, 73.5% of patients started treatment within 18 weeks of referral. This is an increase in performance from the previous month position of 69.8% however a reduction from 78.2% in March 2023.

Performance against the standard has consistently been above 60% with a high of 79% in August 2023, however the 90% target has not been reached. It is acknowledged that as patients that have waited a long period of time, and have already waited longer than 18 weeks, are treated the target will not be achieved. Once the long waiting patients are seen the target will come back into line.

The improvements to above 70% from March to June 2023 were as a result of significantly improved data quality with ongoing quality checks; alignment of reporting of Digital Therapies with national guidelines; increasing inclusion of psychological therapies from other areas including eating disorders; the expansion of IESO digital therapy with increased uptake initially.

The subsequent variance in the RTT can be explained by seasonal trends; a plateau in terms of IESO uptake by those with short waits as it became business as usual; new clinicians taking up caseloads comprised of patients who had been waiting for a very long time; and group therapy starting for some cohorts of patients who had been waiting a long time. Four groups comprising of people who had been waiting a long time started in January 2024 which may explain the reduction in RTT performance.

The number of people awaiting assessment has generally been increasing since July 2023 with 709 people waiting in March. However, this figure for March includes people who may not opt-in or will fail to respond to contact the department letters and will be discharged, therefore it is anticipated this figure will reduce over the coming weeks. The general increase in numbers waiting over time can be partly explained by the establishment of specialties such as eating disorders, weight management, and IESO. However there have also been increases in referrals to longstanding specialties, with the increase in referrals since quarter 1 of 2023/2024 now impacting the numbers waiting within the 19 to 52 week time band for assessment.

3.9 Child and Adolescent Mental Health Services

The standard has been determined by the Scottish Government and states that 90.0% of patients should have a completed pathway within 18 weeks.

Current Performance

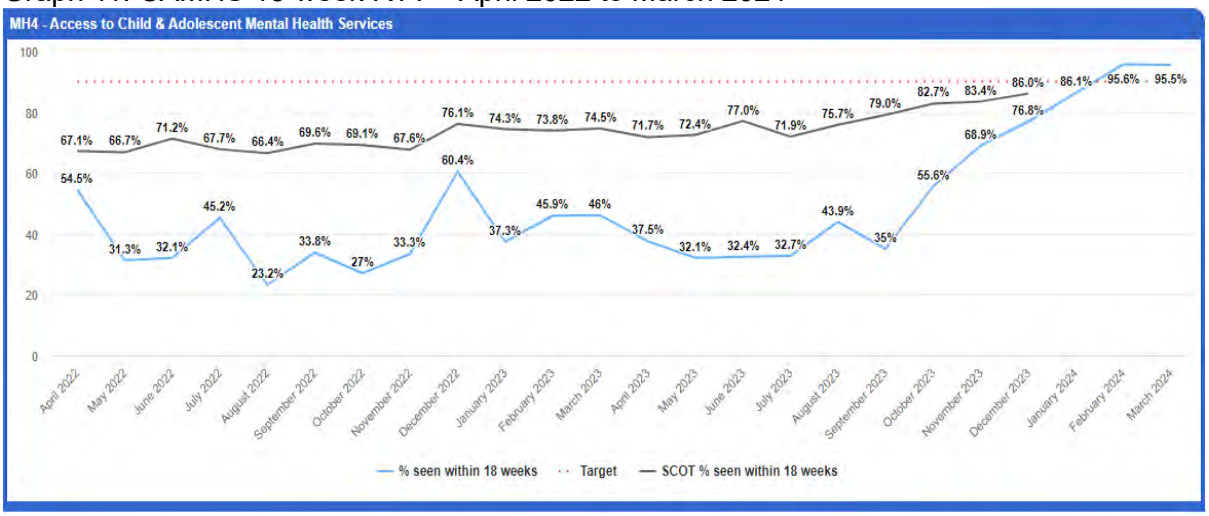
- In March 2024, 95.5% of patients were treated within 18 weeks.

- In quarter 4, 92.8% of patients were treated within 18 weeks (provisional).

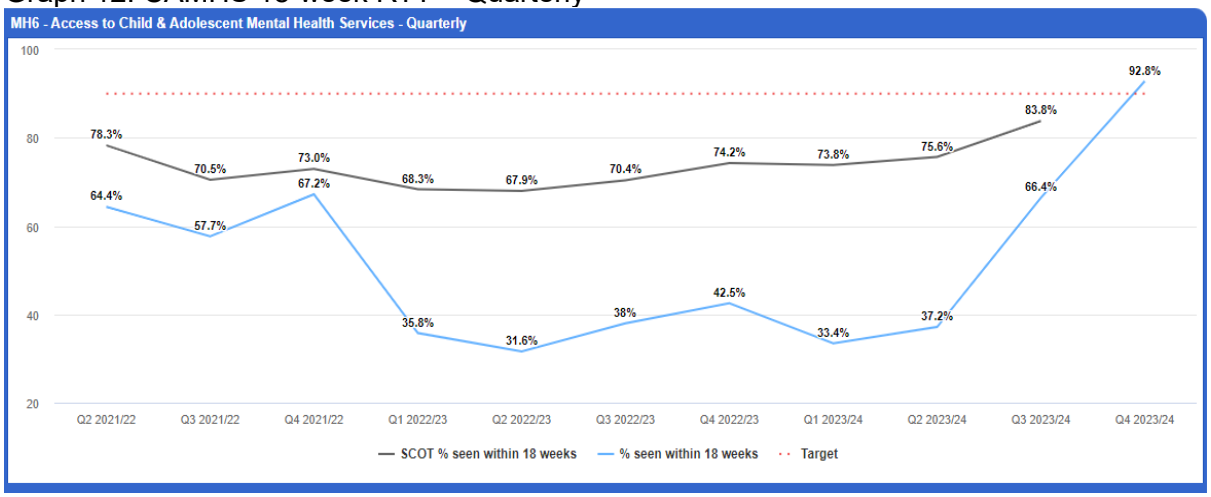
Scotland Performance

- In December 2023, 86.0% of patients were treated within 18 weeks.
- In quarter 3, 83.8% of patients were treated within 18 weeks.

Graph 11: CAMHS 18-week RTT – April 2022 to March 2024



Graph 12: CAMHS 18-week RTT – Quarterly



Performance against the 18-week referral to treatment standard was achieved in February and has been maintained at 95.5% in March 2024. The RTT will continue to be monitored closely to ensure continued LDP compliance.

The full waiting list for assessment has decreased from 591 patients in June 2022 to 112 Patients as of March 2024 with 2 patients waiting >18wks, a decrease of 81%.

The full waiting list for treatment has decreased from 765 patients as of June 2022 to 127 patients as of March 2024 with 2 patients waiting >18 weeks, a decrease of 83%.

3.10 Delayed Discharge

- Number of patients waiting more than 14 days to be discharged from hospital into a more appropriate care setting, once treatment is complete.
- Number of Bed Days Occupied by delayed discharges.
- Number of Guardianship, Code 9 and Code 100.

Current Performance

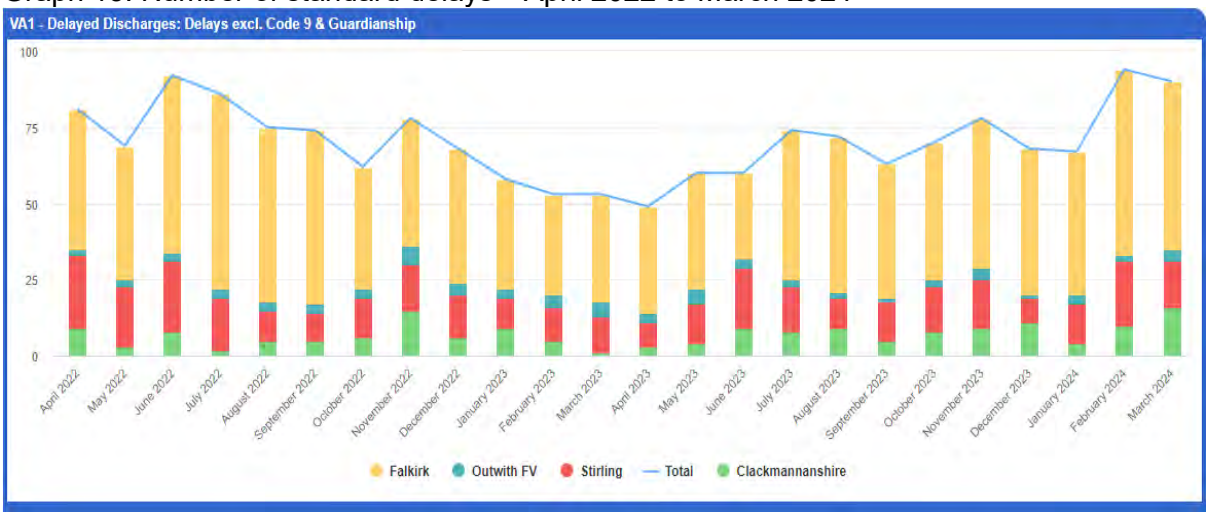
At the March 2024 census:

- 28 patients were delayed in their discharge for more than 14 days.
- 62 patients delayed less than 14 days.
- 43 guardianship delays.
- 11 code 9 delays.
- 144 delays in total.
- 3 code 100 delays.
- 3,411 bed days were lost due to delays in discharge.

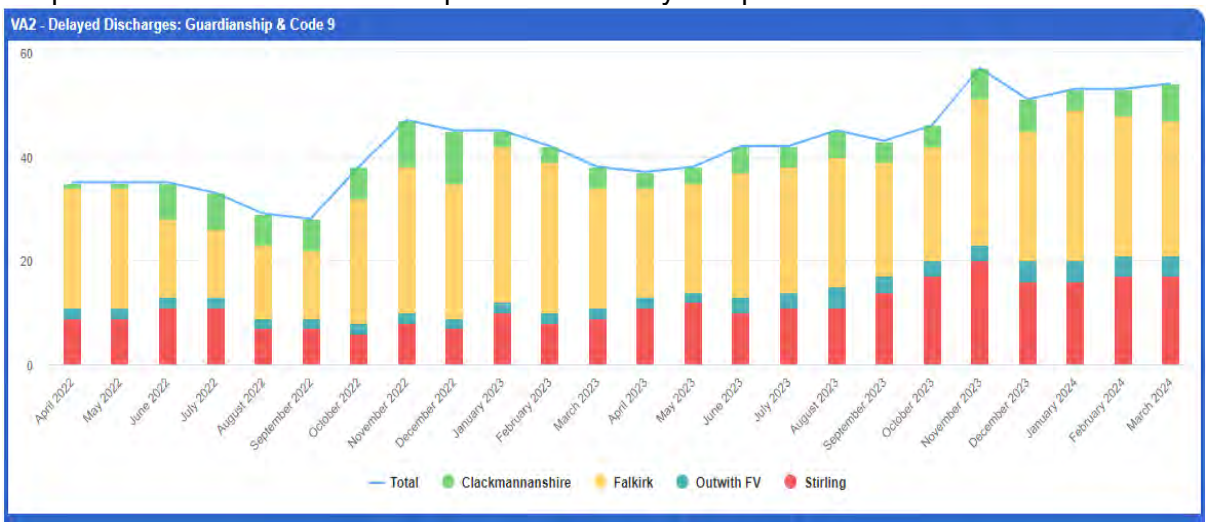
Scotland Performance

- There is no direct Scotland comparison.

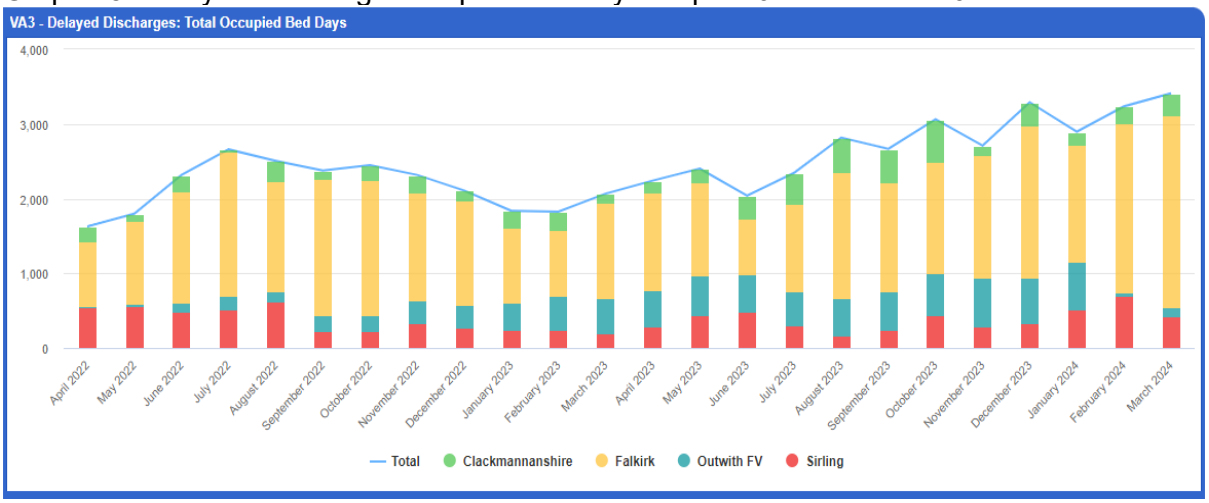
Graph 13: Number of standard delays – April 2022 to March 2024



Graph 14: Number of Guardianship or Code 9 delays – April 2022 to March 2024



Graph 15: Delayed Discharge occupied bed days – April 2022 to March 2024



The March 2024 census position in relation to standard delays (excluding Code 9 and guardianship) is 90 delays; this is compared to 53 in March 2023. There was a total of 54 code 9 and guardianship delays and no infection codes, with the total number of delayed discharges noted as 144.

In addition, there were 3 code 100 patients. (These patients are undergoing a change in care setting and should not be classified as delayed discharges however are monitored).

The number of bed days occupied by delayed discharges (excluding code 9 and 100) at the March 2024 census was 3,411, this is an increase from 2,067 in March 2023. Local authority breakdown is noted as Clackmannanshire 291, Falkirk 2,576, and Stirling 430. There were a further 114 bed days occupied by delayed discharges for local authorities' out with Forth Valley.

Significant focus continues in respect of the delayed discharge position to support capacity and flow of patients through Forth Valley Royal Hospital and the community sites. Work is continuing in partnership, including third sector, to ensure appropriate care and to support timely discharge with care in the community, community intermediate care and community hospital facilities a high priority.

Actions included are enabling the right short-term support at home through responsive community care and support, coordination of community support with less duplication and a more efficient support model, care home multi agency working, interim placements to care homes and third sector link worker based on the acute site.

3.11 Workforce

To reduce sickness absence to 4%

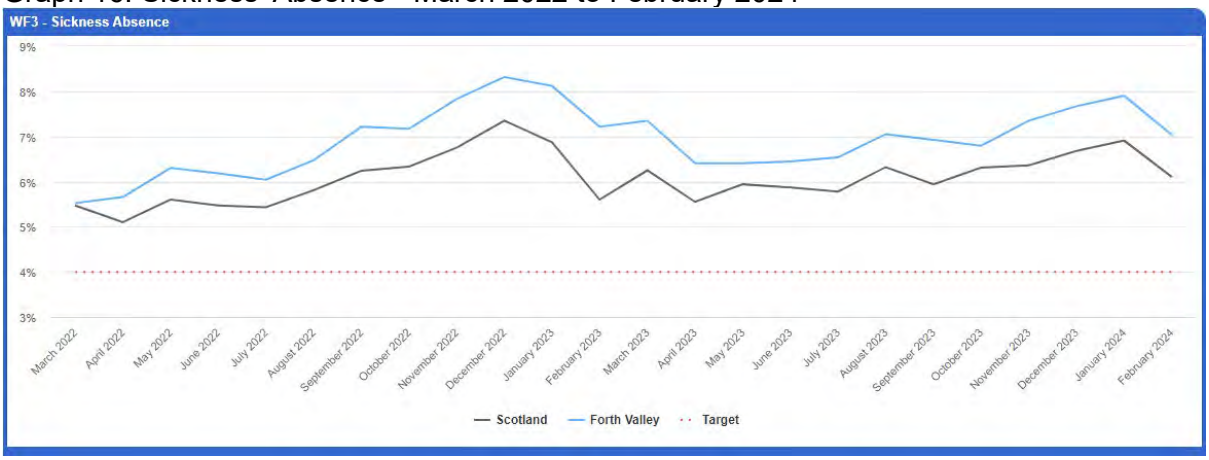
Current Performance

- 7.03% absence rate in February 2024

Scotland Performance

- 6.10% absence rate in February 2024

Graph 16: Sickness Absence - March 2022 to February 2024



The sickness absence target is 4.0%. Absence remains above the target at 7.03% in February 2024 noting a reduction from 7.22% in February 2023. The 12-month rolling average March 2023 to February is noted as, NHS Forth Valley 7.04%; Scotland 6.20%.

From 1 September 2022 coronavirus absences are included within the sickness absence totals however there are some still instances recorded as Special Leave and are not included within the sickness absences. The Special Leave absence for Coronavirus reasons is noted as 0.13% in February 2024 compared with 0.48% in February 2023.

Total absence for February 2024 is 7.16%.

The management of absence and the improvement of staff wellbeing remain key priorities for NHS Forth Valley noting a 2% reduction in absence has been agreed as part of the escalation response and has been included in the Executive Leadership Team objectives. A multidisciplinary improvement programme is on-going supported by a partnership working group.

Issues in relation to workforce continue to be examined and discussed at the quarterly Staff Governance Committee.

4. Implications

Financial Implications
Financial implications and sustainability are being considered on an ongoing basis working closely with Scottish Government colleagues and Health & Social Care Partnership Chief Finance Officers. The Finance Report is a standing item on the Performance & Resources Committee and Forth Valley NHS Board meeting agendas.

Financial Breakeven is detailed on the Strategic Risk Register as a Very High risk for NHS Forth Valley. As such it is reviewed and managed as a risk assigned to the Performance & Resources Committee.

- SRR.005: Financial Breakeven

If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.

Workforce Implications
Specific workforce issues aligned to areas of performance are highlighted within the report. The NHS Forth Valley Workforce Plan 2022 – 2025 has been developed and is aligned to the Five Pillars of Workforce Planning outlined within the National Workforce Strategy - Plan, Attract, Train, Employ, Nurture.

Infrastructure Implications including Digital
There are no specific infrastructure implications in respect of this paper.

Sustainability Implications
There are no specific sustainability implications in respect of this paper.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. *(please tick relevant box)*

□ *Yes*
✓ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
There are no specific quality or patient care implications in respect of this paper.

Information Governance Implications
There are no specific information governance implications in respect of this paper.

Risk Assessment / Management
Adequate monitoring, scrutiny and management of performance supports the organisation to manage its risk with performance reporting linked to Strategic Risks:

- SRR.002 Urgent & Unscheduled Care

If NHS Forth Valley does not take steps to create capacity and address whole system pressures through delivery of the Urgent and Unscheduled Care programme in the longer term, there is a risk that we will be unable to deliver safe levels of unscheduled care, resulting in potential for patient harm.

- SRR.004 Scheduled Care

If NHS FV does not consider and plan for current and future changes to population and associated demand/case-mix, there is a risk that the model for delivery of planned care will not meet demand or prioritise effectively, resulting in poorer patient outcomes, avoidable harm and failure to meet targets.

- SRR.016 Out of Hours

If NHS Forth Valley is unable to provide a fully staffed OOHS taking an integrated, multidisciplinary approach, there is a risk that the service will not have the resilience and capacity to flex to meet demand, negatively impacting on the patient experience and journey, and ability to deliver care at the right time, right place by the right person.

In addition, there is linkage to Organisational Risks in respect of Waiting Times, Delayed Discharge, Mental Health Services – Psychological Therapies and CAMHS and the 62-day cancer target.

These risks are updated accordingly by responsible risk owners with Strategic Risk Register update presented on a quarterly basis to NHS Board Assurance Committees and the NHS Board.

Relevance to Strategic Priorities
The NHS Board is accountable for the scrutiny and performance of NHS Forth Valley as a whole and to ensure that best value principles are adhered to in delivery and commissioning of services.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
Cognisance has been taken of feedback and comments from Non-Executive and Executive Director colleagues.

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

14 Healthcare Associated Infection (HAI) Reporting Template April 2024
For Assurance

Executive Sponsor: Professor Frances Dodd, HAI Executive Lead

Author: Jonathan Horwood, Area Infection Control Manager

Executive Summary

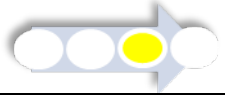
The Healthcare Associated Infection Reporting Template (HAIRT) is a mandatory reporting tool for the Board to have oversight of the HAI targets (Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), device associated bacteraemias (DABs), incidents and outbreaks and all HAI other activities across NHS Forth Valley.

Recommendation

The Forth Valley NHS Board is asked to: -

- **note** the HAIRT report.
- **note** the performance in respect of the AOP Standards for SABs, DABs, CDIs & ECBs
- **note** the detailed activity in support of the prevention and control of Health Associated Infection

Assurance

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

- The report provides assurance that relevant published information is shared with the clinical teams for either information or action.
- Proposed assurance level is reasonable. The Infection Prevention and Control Team have provided assurance that the report has been shared and actioned appropriately.

Key Issues to be Considered

- Total SABS remain within control limits. There was one hospital acquired SAB in April.
- Total DABs remain within control limits. There was one hospital acquired DAB in April.
- Total CDIs remain within control limits. There were two hospital acquired CDIs in April.
- Total ECBs remain within control limits this month. There were five hospital acquired ECBs in April.
- There have been no deaths with MRSA or *C.difficile* recorded on the death certificate.
- There were no surgical site infections in April.
- There were two norovirus outbreaks and one covid outbreak reported in April.

Implications

Financial Implications
None.

Workforce Implications
None.

Infrastructure Implications including Digital
None.

Sustainability Implications
None.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development.
□ *Yes*
√ *N/A*

Quality / Patient Care Implications
Healthcare associated infections (HAI) can result in poor outcomes for patients in terms of morbidity and mortality, increased length of stay and necessitate additional diagnostic and therapeutic interventions.

Information Governance Implications
None.

Risk Assessment / Management
Work is on trajectory to reduce all reducible SABs, DABs, ECBs and CDI infections across NHS Forth Valley to meet both national and local standards/expectations.

Relevance to Strategic Priorities
AOP Standards in respect of SABs, ECBs & CDIs.

Provisional indication suggests NHS Forth Valley did not achieve its targets for March 2024, however formal confirmation will be received from ARHAI in the summer of 2024. AOP targets are under national review, and it is anticipated the targets will be revised shortly.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:
- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
Infection Prevention & Control Team, Infection Control Committee and Clinical Governance Committee

Additional Information
None.

Appendices
None

Healthcare Associated Infection Reporting Template (HAIRT)

April 2024

NHS Forth Valley

Infection Prevention
& Control Team

Glossary of abbreviations

Following feedback from stakeholders below is a list of abbreviations used within this report:

HAI	Healthcare Acquired Infection
SAB	*Staphylococcus aureus* Bacteraemia
DAB	Device Associated Bacteraemia
CDI	*Clostridioides* Infection
ECB	Escherichia Coli Bacteraemia
AOP	Annual Operational Plan
NES	National Education for Scotland
IPCT	Infection Prevention & Control Team
HEI	Healthcare Environment Inspectorate
SSI	Surgical Site Infection
SICPs	Standard Infection Control Precautions
PVC	Peripheral Vascular Catheter

Definitions used for *Staph aureus*, device associated and *E coli* bacteraemias

Definition of a bacteraemia

Bacteraemia is the presence of bacteria in the blood. Blood is normally a sterile environment, so the detection of bacteria in the blood (most commonly accomplished by blood cultures) is always abnormal. It is distinct from sepsis, which is the host response to the bacteria. Bacteria can enter the bloodstream as a severe complication of infection (like pneumonia, meningitis, urinary tract infections etc), during surgery, or due to invasive devices such as PVCs, Hickman lines, urinary catheters etc. Transient bacteraemias can result after dental procedures or even brushing of teeth although this poses little or no threat to the person in normal situations.

Bacteraemia can have several important health consequences. The immune response to the bacteria can cause sepsis and septic shock, which has a high mortality rate. Bacteria can also spread via the blood to other parts of the body (haematogenous spread), causing infections away from the original site of infection, such as endocarditis (infection of the heart valves) or osteomyelitis (infection of the bones). Treatment for bacteraemia is with antibiotics for many weeks in some circumstances, however cases such as *Staph aureus* bacteraemia usually 14 days of antibiotic therapy is required.

Cause definitions for *Staph aureus* and device associated bacteraemia

Hospital acquired

- Hospital acquired is defined when a positive blood culture is taken >48 hours after admission i.e. the sepsis is not associated with the cause of admission. An example would a patient with sepsis associated from an infected peripheral vascular catheter.

Healthcare acquired

- Healthcare acquired is defined when a positive blood culture is taken <48 hours after admission but has in the last three month had healthcare intervention such as previous hospital admission, attending Clinics, GP, dentist etc. Note this does not necessarily mean that the sepsis is associated with the previous healthcare intervention.

Nursing home acquired

- Nursing home acquired is defined when a positive blood is taken <48 hours after admission and when symptoms associated with sepsis developed at the nursing home.

Healthcare Associated Infection Reporting Template (HAIRT)

The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI task Force and informs NHS Forth Valley (NHSFV) of activity and performance against Healthcare Associated Infection Standards and performance measures.

This section of the report focuses on NHSFV Board wide prevention and control activity and actions.

Summary for this month:

- There were two norovirus outbreaks reported this month, Ward B21/22 and Ward 4,FVRH.
- There was one covid outbreak reported this month in Ward A31, FVRH.
- There was one reported nosocomial transfer of *Enterobacter hormaechei* between two patients in the Neonatal Unit.
- There were no SSIs reported this month.

Performance at a glance:

***Staph aureus bacteraemia* - total number this month: 3**

- There was one hospital acquired SAB this month.
- There were two healthcare acquired SABs this month.
- Total SAB case numbers remained within control limits this month.

Device associated bacteraemia – total number this month: 2

- There was one hospital acquired DAB this month.
- There was one healthcare acquired DAB this month.
- Total DAB case numbers remained within control limits this month.

***Clostridioides difficile* infection – total number this month: 4**

- There were two hospital acquired CDIs this month.
- There were two healthcare acquired CDIs this month.
- Total CDI case numbers remained within control limits this month.

***E coli* bacteraemia – total number this month: 9**

- There were five hospital acquired ECBs this month.
- There were four healthcare acquired ECBs this month.
- Total ECB case numbers remained within control limits this month.

Surgical site infection surveillance

- There were no surgical site infection reported this month.

HAI Recorded Deaths

- There were no MRSA or *C.difficile* recorded deaths this month.

HAI AOP targets for 2019 - 2024

On the 10th October 2019, a letter was sent to all Health Board Chief Executives highlighting our new HAI targets. These targets are based on our (Forth Valley) current rates of infection and a percentage reduction has been set to be achieved by March 2024 following a series of extensions due to the COVID-19 pandemic. This target is different from our previous targets and includes the reduction in hospital and healthcare acquired infections and does not include community acquired. Hospital and healthcare acquired infections are now classified as healthcare infections as it is perceived nationally that all hospital and healthcare infections are all reducible. For continuity, we will continue to report separately hospital and healthcare infections to maintain our quality and transparency in our data, however, the total number of infections will reflect on what we report nationally and in line with our set target. In addition to SABs and CDIs targets, *Escherichia coli* bacteraemia (ECB) is now included in our targets.

The tables below highlight the targets for 2024 and the progress towards these targets:

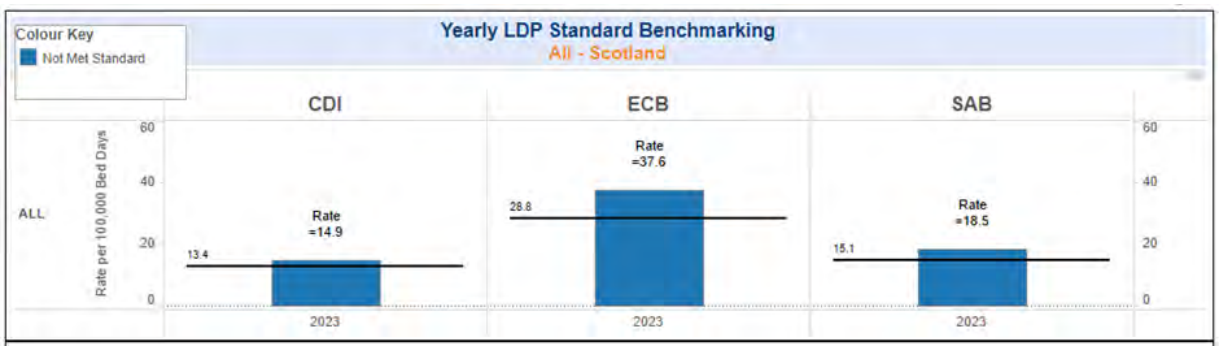
	2018/19 Rate (base line) per 100,000 total bed days	No of cases (per annum)	Reduction %	Date for reduction	Target rate per 100,000 total bed days	Target cases per annum
ECB	40.8	135	25	2024	28.8	101
SAB	16.6	55	10	2024	15.0	50
CDI	11.4	38	10	2024	10.6	34

Target Organism	Target Rate (per 100,000 total bed days)	Current Rate April 22 - date (per 100,000 total bed days)	Status
ECB	28.8	42.4	Failed to meet target (provisional)
SAB	15.0	15.2	Failed to meet target (provisional)
CDI	10.6	12.6	Failed to meet target (provisional)

Provisional indication suggests NHSFV did not achieve its targets for March 2024, it is expected formal confirmation will be received from ARHAI in the summer of 2024.

National Position

The graph below is the national position of the AOP targets to September 2023 and highlights the targets are off trajectory and unlikely to be met when all the data is submitted by boards. Due to likelihood of the targets not being met, all the targets are under review nationally and new revised targets will be set in due course.



HAI Surveillance

NHS FV has systems in place to monitor key targets and areas for delivery. Our surveillance and HAI systems and ways of working allow early detection and indication of areas of concern or deteriorating performance. The Infection Prevention & Control Team undertakes over 180 formal ward audits per month in addition to regular weekly ward visits by the Infection Control Nurse; infection investigation is also a significant function within the team as part of our AOP target reporting. This activity provides robust intelligence of how infection prevention is maintained across all areas in Forth Valley and is reported on a monthly basis to all appropriate stakeholders.

Staph aureus bacteraemias (SABs)

All blood cultures that grow bacteria are reported nationally and it was found that *Staph aureus* became the most common bacteria isolated from blood culture. As *Staph aureus* is an organism that is found commonly on skin it was assumed (nationally) the bacteraemias occurred via a device such as a peripheral vascular catheter (PVC) and as such a national reduction strategy was initiated and became part of the then HEAT targets in 2006. The target was a national reduction rather than a board specific reduction, however the latest target set for 2019-2022 are board specific, based on our current infection rates.

Total number of SABs this month; **3** compared to **5** last month.
There was no data exceedance for SABs this month.

Total number of SABs (April 2023 – date) = **3**

- Hospital acquired = **1**
  - Unknown (No attributed ward)

  There was no data exceedance for hospital acquired SABs this month.

- Healthcare acquired = **2**
  - Endocarditis
  - Ulcer

  There was no data exceedance for healthcare acquired SABs this month.

- Nursing Home acquired = **0**
  There was no data exceedance for nursing home acquired SABs this month.

Breakdown
There were **736** blood cultures taken this month, of those there was in total **3** blood cultures that grew *Staph aureus*. This accounts for **0.4%** of all blood cultures taken this month. There was **1** hospital acquired SABs this month, this accounts for **0.1%** of all blood cultures taken this month.

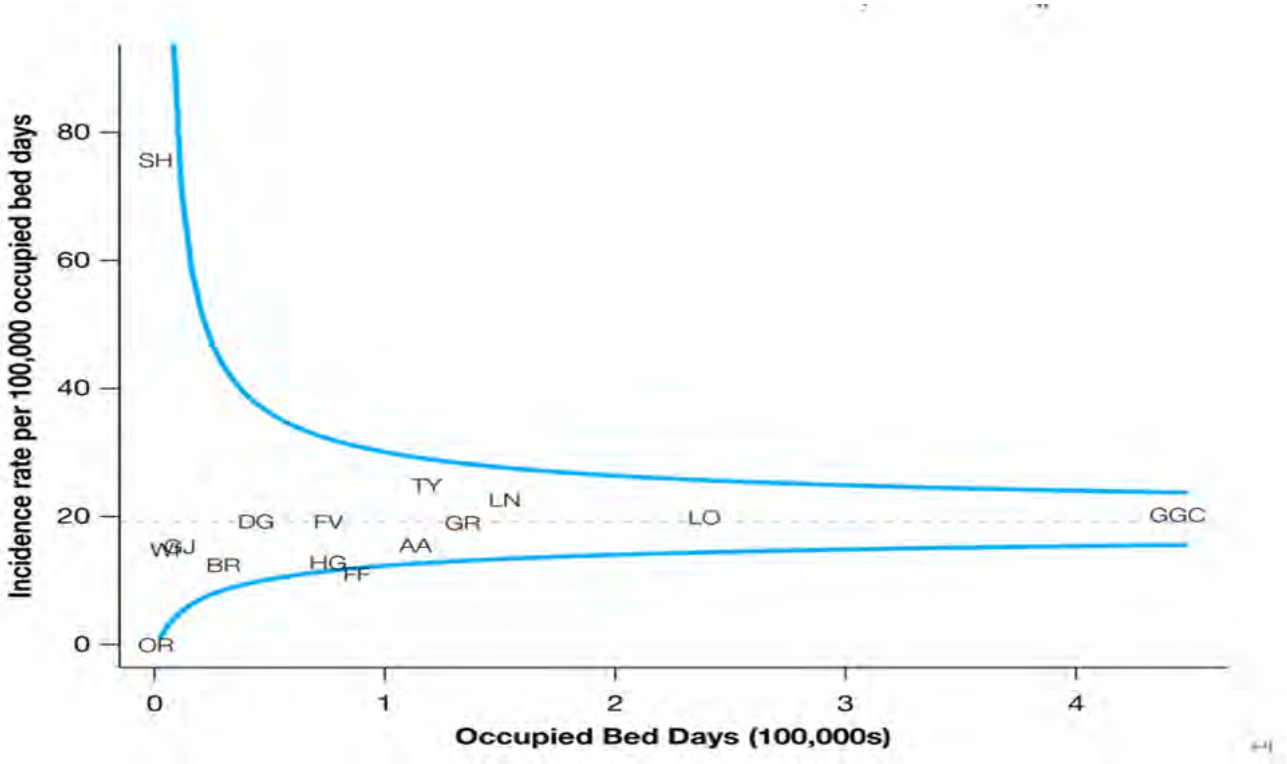
Hospital SABs:

- **Unknown;** unable to determine cause of infection due to patients underlying multiple co-morbidities.

NHS Forth Valley's approach to SAB prevention and reduction
All *Staph aureus* bacteraemia are monitored and reported by the IPCT. Investigations to the cause of infection consist of examining the patients notes, microbiology, biochemistry and haematology reports to identify potential causes of the infection; from this, in most cases, a provisional cause is identified, however this is discussed further with the clinical team responsible for the management of the patient to assist further with the investigation. Any issues identified during the investigations, such as incomplete bundle completion etc is highlighted at this time and where appropriate an IR1 is reported. Once a conclusion has been agreed, the investigations are presented to the Infection Control Doctor/Microbiologist for approval. The investigation is concluded with the IPCT reporting their findings to the clinical team and management.

This data is entered into the IPCT database collated, analysed and reported on a monthly basis. The analysis of the data enables the IPCT to identify trends in particular sources of infections, such as Hickman line infections etc and identifying areas requiring further support. The data also influences the direction of the HAI annual workplan.

National Context
All SABs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plot below is based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 4 report (October – December 2023) highlighting Forth Valley's position compared to all other boards in Scotland. NHSFV remains on the national mean.



Device Associated Bacteraemias (DABs)

In addition to the nationally set targets, infections from an invasive device caused by *Staph aureus* would be investigated fully and reported, any other organism causing the same infection was not mandated to report nationally or to be investigated. As a result of this, in 2014, the IPCT started reporting all bacteraemias attributed to an invasive device regardless of the bacterium causing the infection. Due to the importance and significance of this surveillance, it is now part of our local AOP.

NHS Forth Valley's approach to DAB prevention and reduction
Continual monitoring and analysis of local surveillance data enables the IPCT and managers to identify and work towards ways to reduce infections associated with devices. All DABs are reviewed and investigated fully and highlighted to the patients' clinicians, nursing staff and management. Where appropriate an IR1 is generated to enable infections that require learning is shared and discussed at local clinical governance meetings.

In addition, on a weekly basis the IPCT assess bundle compliance of three invasive devices (PVCs, urinary catheters, CVCs etc) as part of their ward visit programme and this is reported in the monthly Directorate Reports.

Total number of DABs this month; **2** compared to **7** last month.
There was no data exceedance for DABs this month.

Total number of DABs (April 2023 – date) = **2**

- Hospital acquired = **1**
  - Urinary catheter long term (No attributed ward)

  There was no data exceedance for hospital acquired DABs this month.

- Healthcare acquired = **1**
  - Urinary catheter long term

  There was no data exceedance for healthcare acquired DABs this month.

- Nursing Home acquired = **0**
  There was no data exceedance for nursing home acquired DABs this month.

Breakdown
There were **736** blood cultures taken this month, of those there was in total **2** blood cultures that was associated with devices. This accounts for **0.2%** of all blood cultures taken this month. There was **1** hospital acquired DABs this month; this accounts for **0.1%** of all blood cultures taken this month.

Hospital DABs:

- **Urinary Catheter long term;** not attributed to the ward as documentation was fully completed.

Escherichia coli Bacteraemia (ECB)

NHS Forth Valley's approach to ECB prevention and reduction
E coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of Ecoli isolated from blood cultures ie causing sepsis, has increase so much that it is the most frequently isolated organism in the UK. As a result of this, the HAI Policy Unit has now included E coli as part of the AOP targets. The most common cause of E coli bacteraemia (ECB) is from complications arising from urinary tract infections (UTIs), hepato-biliary infections (gall bladder infections) and urinary catheters infections.

In NHS FV, device associated bacteraemias (DABs) surveillance has been ongoing since 2014 and have seen a reduction in urinary catheter bacteraemias over the years including E. coli associated infections and will hope to reduce so to achieve our target for 2024.

Total number of ECBs this month - **9** compared to **9** last month.
There was no data exceedance for ECBs this month.

Total number of ECBs (April 2023 – date) = **9**

- Hospital acquired = **5**
  - Unknown (No attributed ward) x 2
  - Urinary catheter long term (No attributed ward) x1
  - UTI (No attributed ward) x 2

  There was no data exceedance for hospital acquired ECBs this month.

- Healthcare acquired = **4**
  - Neutropenia x 1
  - Unknown x 1
  - Urinary catheter long term x 1
  - UTI x1

  There was no data exceedance for healthcare acquired ECBs this month.

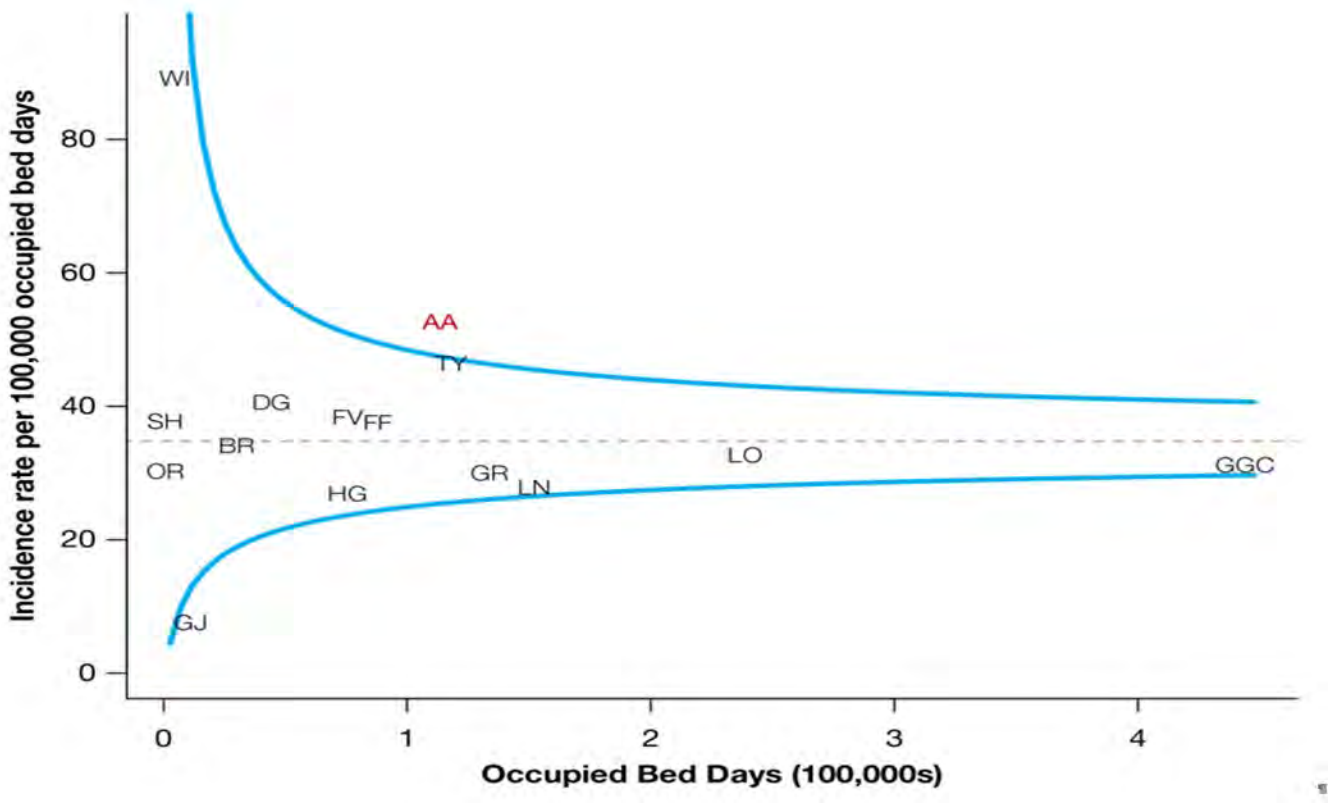
- Nursing Home acquired = **0**
  There was no data exceedance for nursing home acquired ECBs this month.

Breakdown
There were **736** blood cultures taken this month, of those there were in total **9** blood cultures that grew *E. coli*. This accounts for **1.2%** of all blood cultures taken this month. There were **5** hospital ECBs this month, this accounted for **0.7%** of all blood cultures taken.

Hospital ECBs
- **Unknown**; Unknown as unable to determine source of infection following investigations.
- **UTI;** Patient developed infection following prolonged trial without catheter
- **UTI;** patient admitted due to a fall at home. Developed sepsis secondary to UTI. Patient known to have recurrent UTIs.
- **Unknown;** Unable to determine patients' source of infection due to multiple underlying comorbidities.
- **Urinary catheter long term;** refer to DAB section above.

National Context

All ECBs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data publish is 3 months in arrears compared to the local data presented. The funnel plot below is based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from ARHAIs Quarter 4 report (October – December 2023) highlighting Forth Valley's position compared to all other boards in Scotland.



Clostridioides difficile infection (CDIs)

Following the Vale of Leven outbreak in 2007 where 131 patients were infected with C. difficile resulting in 34 deaths, it became mandatory for all health boards to monitor, investigate and report all infections associated with C. difficile. NHSFV has met its targets over the years and has maintained a low rate of infection. Similar to the SAB target, the new target set for 2019-2022 is based on Forth Valley's rate rather than an overall national rate.

C. difficile can be part of the normal gut flora and can occur when patients receive broad spectrum antibiotics which eliminate other gut flora allowing C. difficile to proliferate and cause infection. This is the predominant source of infection in Forth Valley. C. difficile in the environment can form resilient spores which enable the organism to survive in the environment for many months and poor environmental cleaning or poor hand hygiene can lead to the organism transferring to other patients leading to infection (as what happened in the Vale of Leven hospital). Another route of infection is when patient receive treatment to regulate stomach acid which affects the overall pH of the gut allowing the organism to proliferate and cause infection.

Cause definitions for Clostridioides difficile infections

Hospital acquired

- Hospital acquired is defined when symptoms develop and confirmed by the laboratory >48 hours after admission which were not associated with the initial cause of admission.

Healthcare acquired

- Healthcare acquired is defined as having symptoms that develop and confirmed by the laboratory prior to or within 48 hours of admission and has in the last three months had healthcare interventions such as previous hospital admission, attending Clinics, GP, dentist etc.

Nursing home acquired

- Nursing home acquired is defined as having symptoms that develop and confirmed by the laboratory that developed at the nursing home prior to admission.

GP acquired

- GP associated CDI infections are not required to be reported nationally, however, locally it is considered important to monitor and report infections deriving from GP practices. All CDI infections from GPs are reviewed and investigated to the same standard as hospital infections to determine the cause of infection. In addition, data is shared with the Antimicrobial Management Group to allow the group to monitor overall antibiotic prescribing trends for individual GP practices.

NHS Forth Valley's approach to CDI prevention and reduction

Similar to our SABs and DABs investigation, patient history is gathered including any antibiotics prescribed over the last few months. Discussion with the clinical teams and microbiologists assist in the determination and conclusion of the significance of the organism, as sometimes the organism isolated can be an incidental finding and not the cause of infection. Data is shared with the antimicrobial pharmacist and cases are discussed at the Antimicrobial Management Group to identify inappropriate antimicrobial prescribing.

Total number of CDIs this month; **4** compared to **1** last month.
There was no data exceedance for CDIs this month.

Total number of CDIs (April 2023 – date) = **4**

- Hospital acquired = **2**
    - No attributed ward x 2

  There was no data exceedance for hospital acquired CDIs this month.

- Healthcare acquired = **2**
  There was no data exceedance for healthcare acquired CDIs this month.

- Nursing Home acquired = **0**
  There was no data exceedance for nursing home acquired CDIs this month.

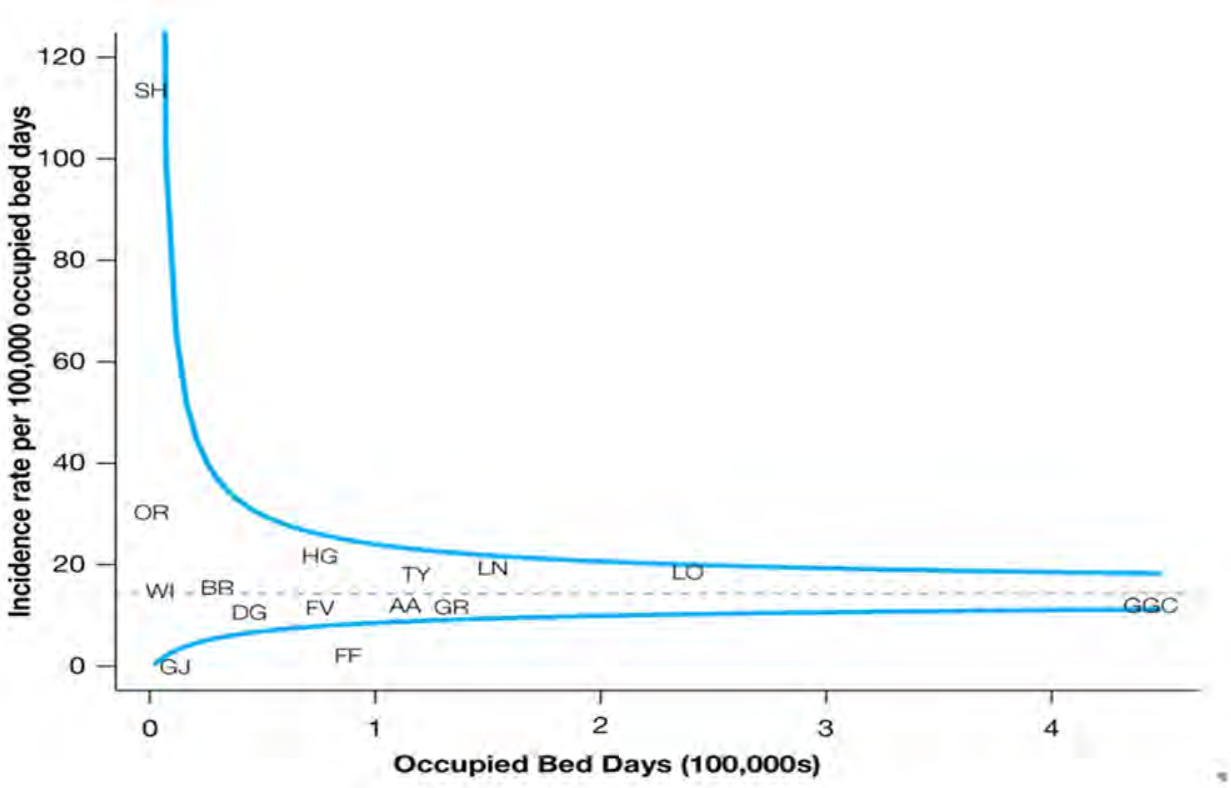
- GP acquired = **1**
  (GP figures are not included in the total as it is not part of the AOP national target)

Hospital CDIs

- Patient developed infection following antimicrobial treatment for CAP.
- Patient is known to have recurrent CDI infections.

National Context

All CDIs are reported nationally and reported on a quarterly basis. This provides our board an overview and national context of our national position compared to other boards. Due to the national reporting, unfortunately the data published is 3 months in arrears compared to the local data presented. The funnel plots below are based on the new national AOP targets ie hospital and healthcare are represented as healthcare and provides an indication of FVs position nationally. Below is an extract from the ARHAI Quarter 4 report (October – December 2023) highlighting Forth Valley's position compared to all other boards in Scotland.



Surgical Site Infection Surveillance (SSIS)

Surgical site infection surveillance is the monitoring and detection of infections associated with a surgical procedure. In Forth Valley, the procedures include, hip arthroplasty, Caesarean section, abdominal hysterectomy, major vascular surgery, large bowel, knee arthroplasty and breast surgeries. We monitor patients for 30 days post-surgery including any microbiological investigations from the ward/GP for potential infections and also hospital readmissions relating to their surgery. Any infection associated with a surgical procedure is reported nationally to enable board to board comparison. NHS Forth Valley infection rates are comparable to national infection rates.

NHS Forth Valley's approach to SSI prevention and reduction

Surgical site infection criteria is determined using the European Centre for Disease Control (ECDC) definitions. Any infection identified is investigated fully and information gathered including the patients weight, duration of surgery, grade of surgeon, antibiotics given, theatre room, elective or emergency etc can provide additional intelligence in reduction strategies. The IPCT monitor closely infection rates and any increases of SSIs are reported to management and clinical teams to enable collaborative working to reduce infection rates.

Procedure	No of Procedures this month	No. of Confirmed SSIs this month
Abdominal Hysterectomy	8	0
Breast Surgery	40	0
Caesarean Section	75	0
Hip Arthroplasty	48	0
Knee Arthroplasty	37	0
Large Bowel Surgery	18	0

Surgical site infection surveillance is under national review and maybe subject to change in the near future.

Meticillin resistant Staphylococcus aureus (MRSA) & Clostridioides difficile recorded deaths

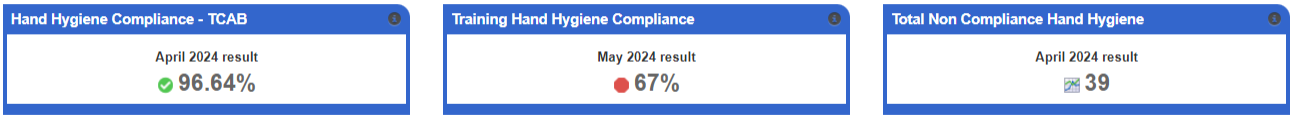
The National Records of Scotland monitor and report on a variety of deaths recorded on the death certificate. Two organisms are monitored and reported, MRSA and *C. difficile*. Please click on the link below for further information:

https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths

- There were no MRSA or *C. difficile* deaths reported this month.

Hand Hygiene Monitoring Compliance (%) Board wide

The data below is an extract from the Pentana dashboard. It includes the total % of compliance that is inputted on TCAB by the nursing staff. It also includes the uptake of staff who have completed the hand hygiene training module in Turas along with the total number of hand hygiene non compliances that are recorded in the Infection Prevention and Control team SICP audits.



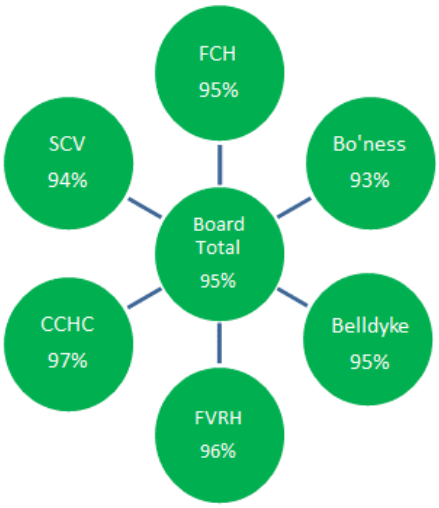
Estate and Cleaning Compliance (per hospital)

The data is collected through audit by the Domestic Services team using the Domestic Monitoring National Tool and areas chosen within each hospital is randomly selected by the audit tool. Any issues such as inadequate cleaning is scored appropriately and if the score is less than 80% then a re-audit is scheduled. Estates compliance is assessed whether the environment can be effectively cleaned; this can be a combination of minor non-compliances such as missing screwcaps, damaged sanitary sealant, scratches to woodwork etc. The results of these findings are shared with Serco/Estates for repair. Similar to the cleaning audit, scores below 80% triggers a re-audit.

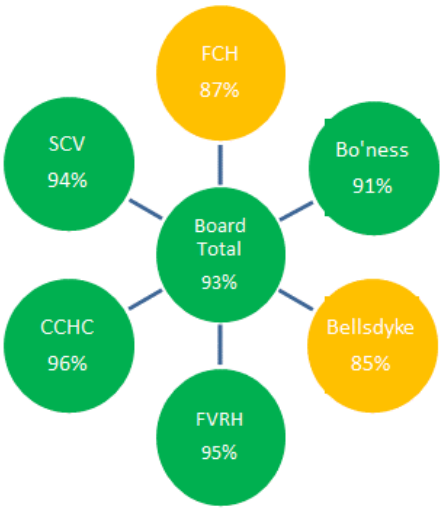
Falkirk Community Hospital and Bellsdyke Hospital Estate Scores

This quarter, the estate scores have remained relatively stable, Falkirk Community Hospital continues in amber with a compliance score of 87% compared to last quarter 88%. Bellsdyke Hospital also continues to be in amber with a compliance score of 85% compared to 85% the previous quarter.

Estates & Domestic Cleaning Scores from Cleaning Dashboard



Cleaning Compliance



Estates Compliance

Colour		Description
●	**Green**	compliance level 90% and above - Compliant
●	**Amber**	compliance level between 70% and 90% - Partially compliant
●	**Red**	compliance level below 70% - Non-compliant

Ward Visit Programme

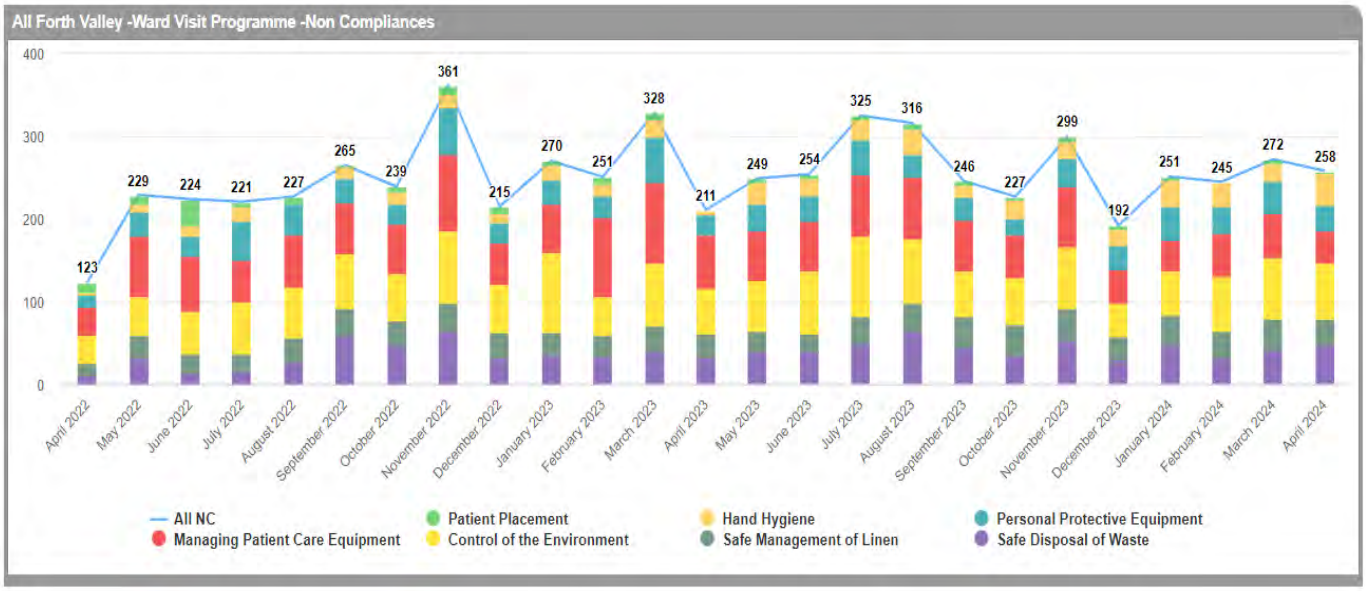
The purpose of these audits is to assess compliance to standard infection control precautions (SICPs); each aspect or SICP can be contributary factors to infection. All non-compliances are fed back to the nurse in charge immediately following the ward visit. A follow-up email is also sent to the ward and service manager. Details of each non-compliance are reported in the monthly HAI Service Reports and are discussed at the local Infection Control meetings.

The predominant non-compliance categories reported were Managing Patient Care Equipment category; non-compliances included equipment visibly dirty, items stored inappropriately, indicator tape/label missing. Control of the Environment, non-compliances included, area is not well maintained and in good state of repair, all stores are not above floor level and inappropriate items in clinical area.

All non-compliances were highlighted to the nurse in charge at the time of audit and any equipment with cleanliness issues was rectified immediately.

Below is a table detailing the non-compliances identified during the ward visits.

	Patient Placement	Hand Hygiene	PPE	Managing Patient Care Equipment	Control of the Environment	Safe Management of Linen	Safe Disposal of Waste	Totals
Acute Services	2	36	28	37	54	28	44	229
Primary Care & Mental Health Services	0	0	0	3	12	2	0	17
WC&SH Directorate	0	3	2	0	1	1	5	12
Totals	2	39	30	40	67	31	49	258



Incidence / Outbreaks

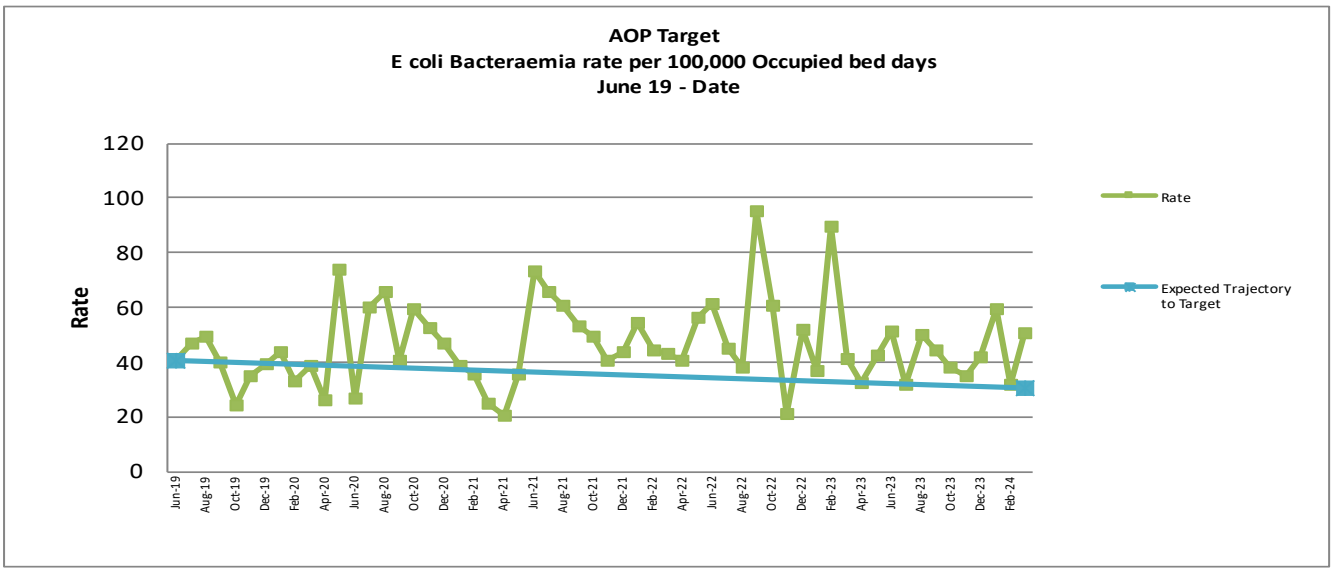
All outbreaks are notified to Health Protection Scotland and Scottish Government (see below for further details).

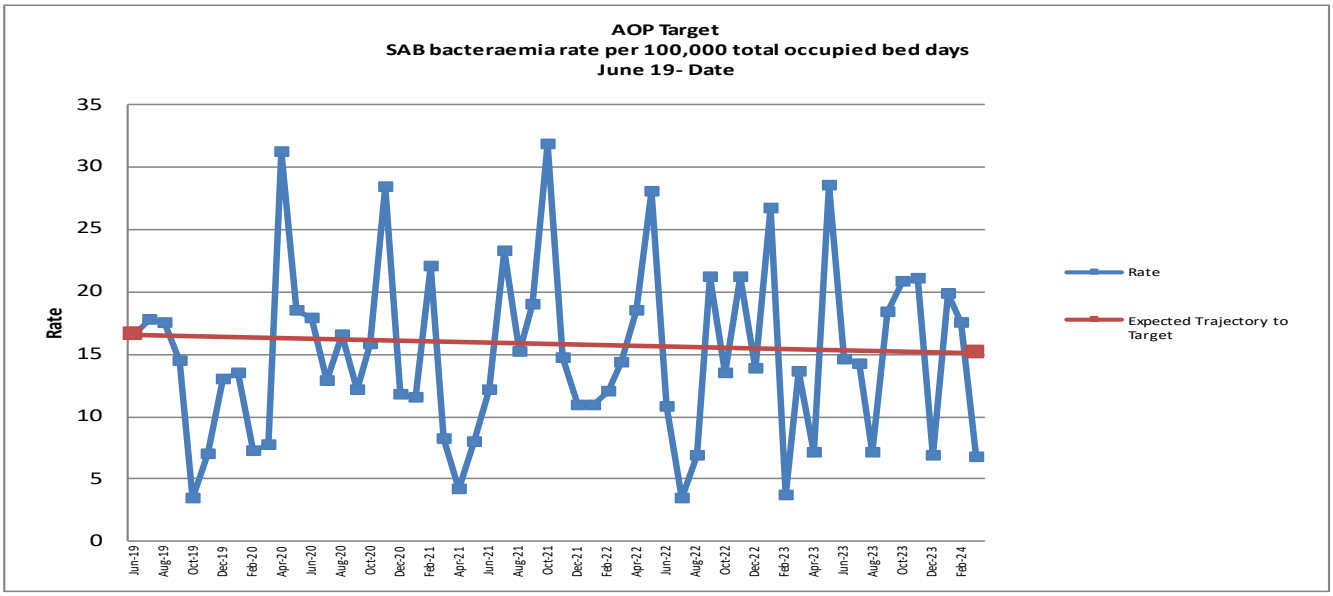
Healthcare Acquired Infection Incident Template (HAIIT)
The HAIIT is a tool used by boards to assess the impact of an incident or outbreak. The tool is a risk assessment and allows boards to rate the incident/outbreak as a red, amber, or green. The tool also directs boards whether to inform ARHAI Scotland/SG of the incident (if amber or red), release a media statement etc.

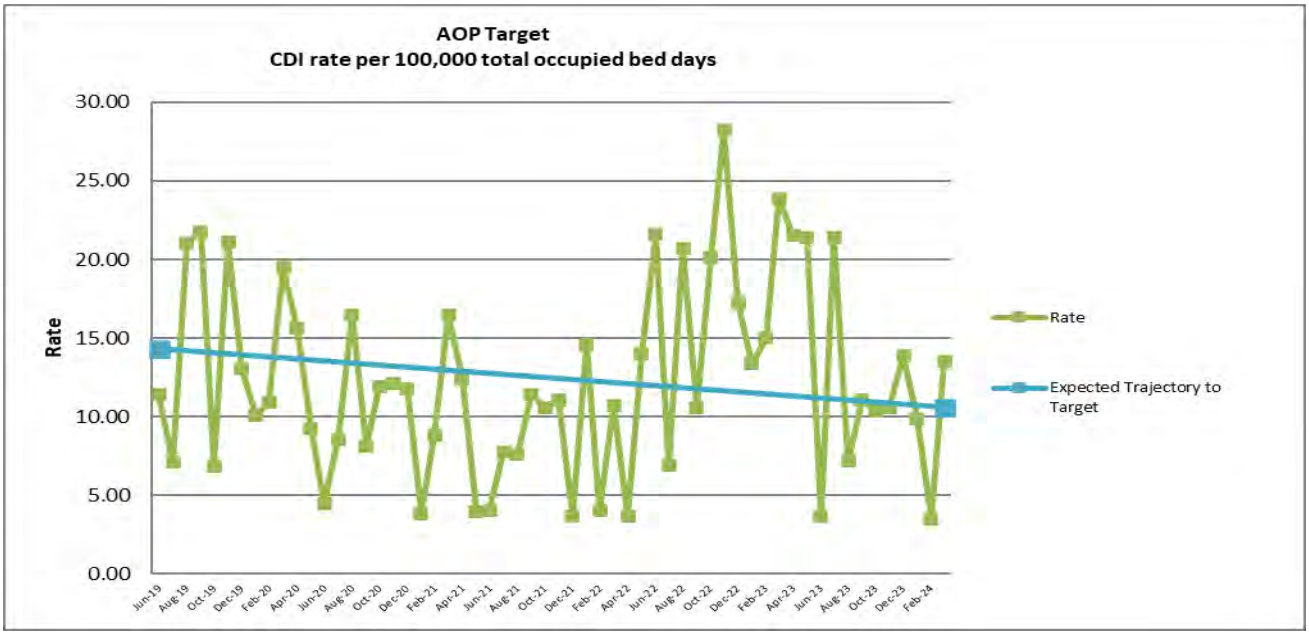
There were four outbreaks reported this month.

Month	Ward	Type of Outbreak	No of patients affected
Apr-24	Ward A31, FVRH	Covid	10
Apr-24	Ward 4, FVRH	Norovirus	9
Apr-24	Ward B21/22	Norovirus	12
Apr-24	Neonatal Unit	*Enterobacter hormaechei*	2

AOP Targets to date

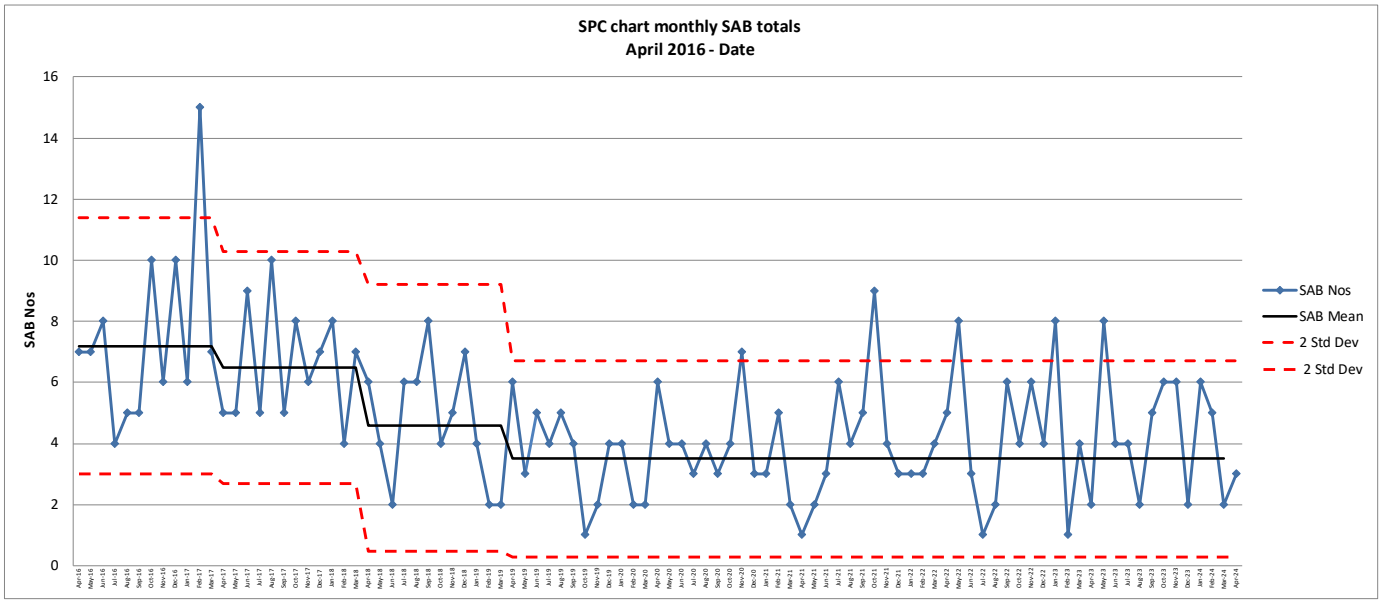


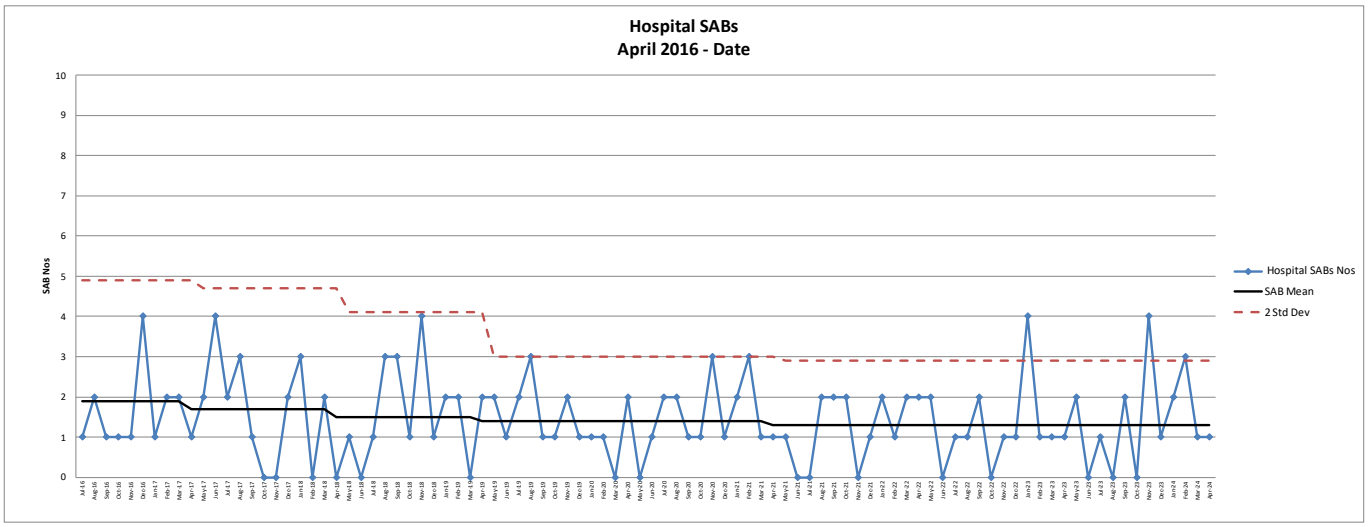


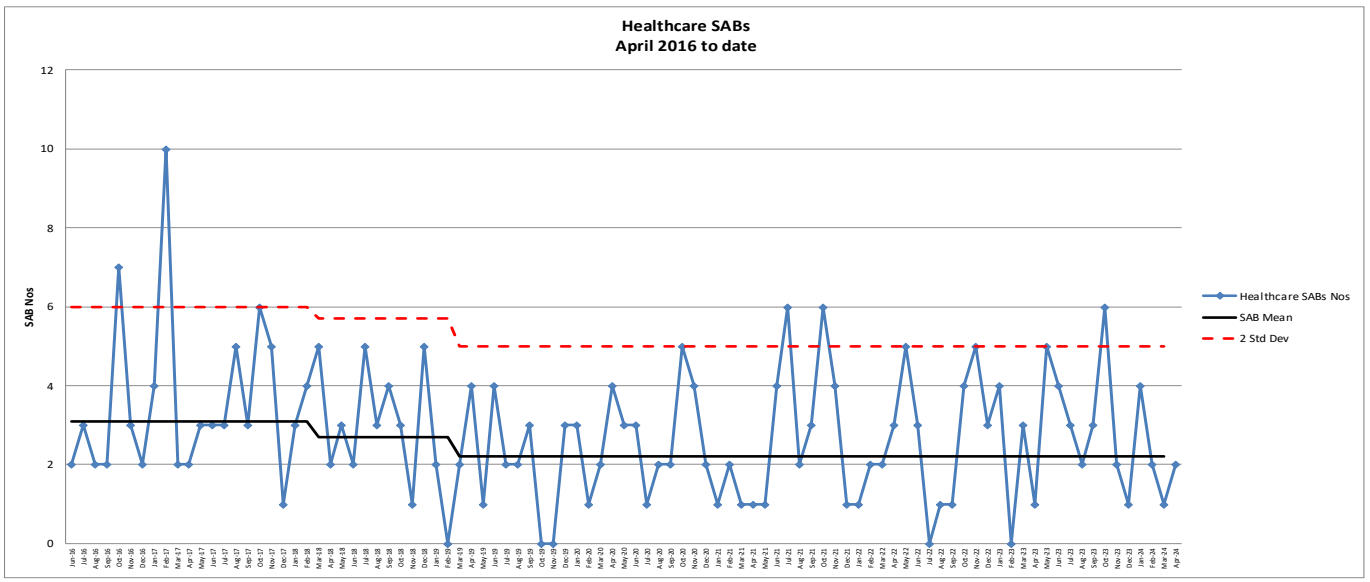


HAI Surveillance Statistical Processing Charts

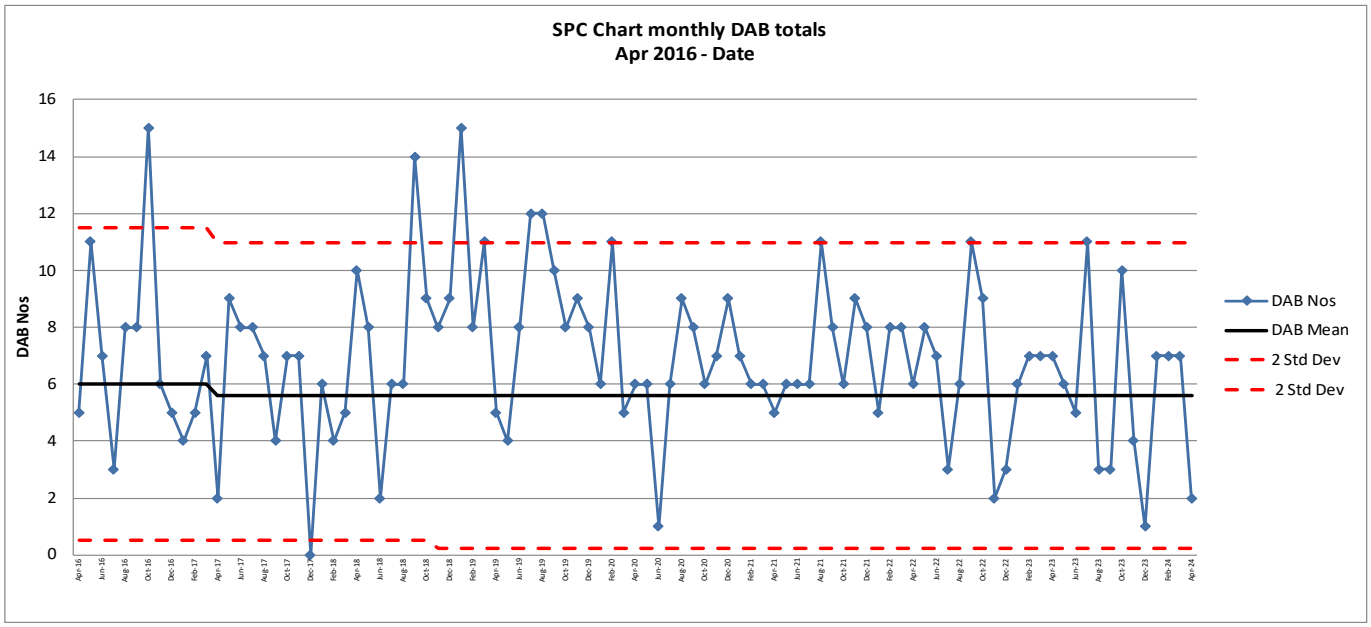
Staphylococcus aureus Bacteraemias (SABs)

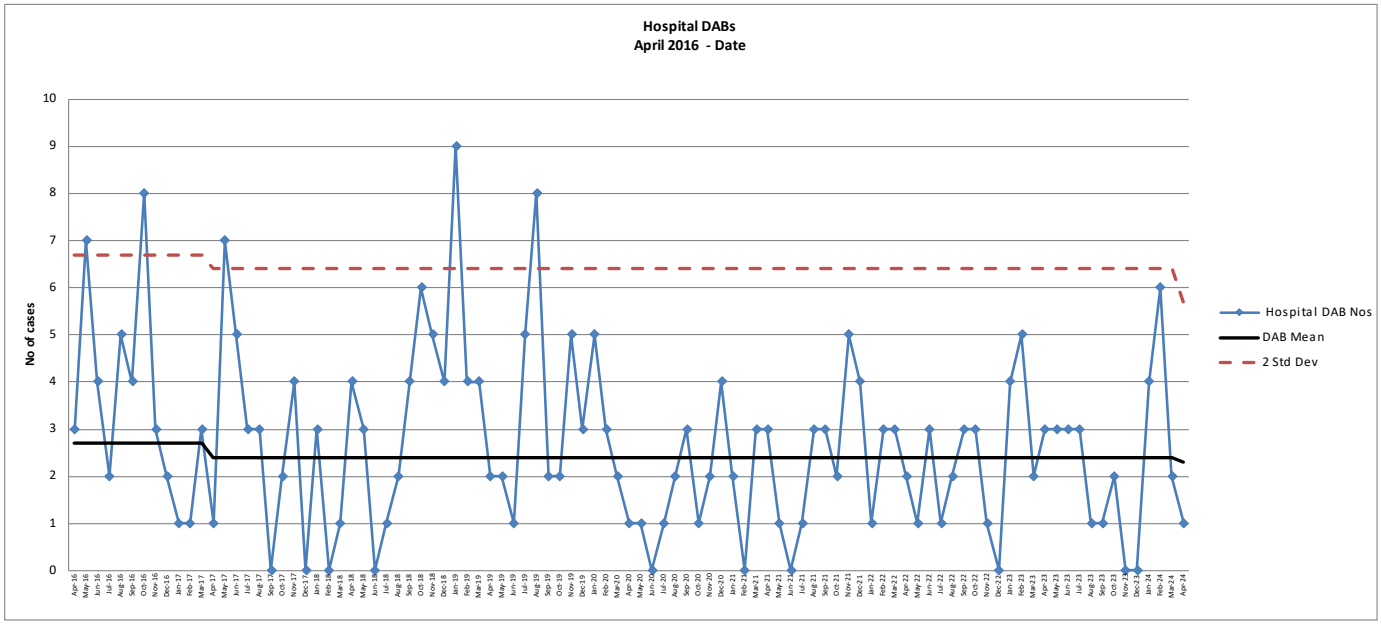


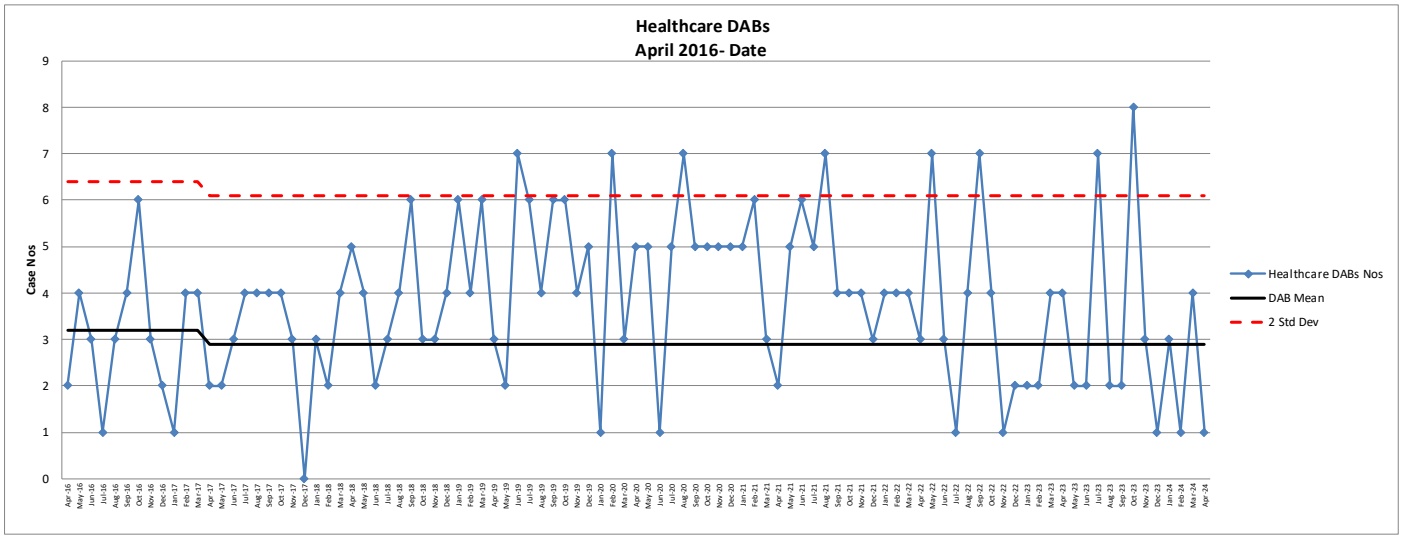




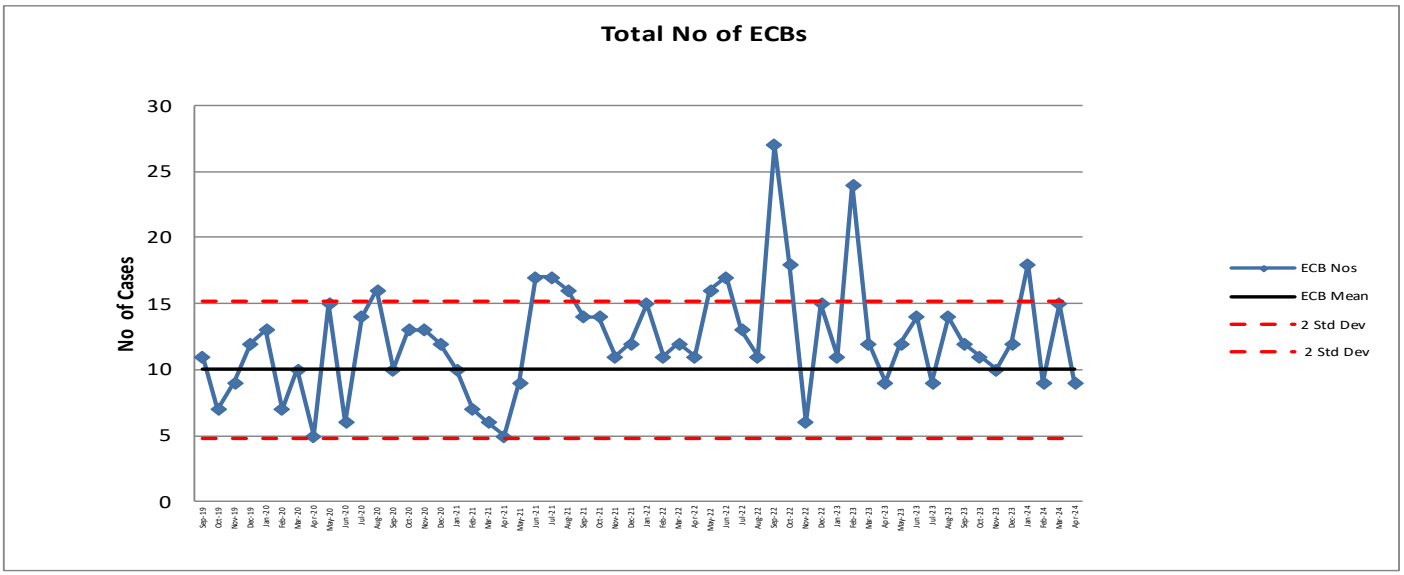
Device Associated Bacteraemias (DABs)

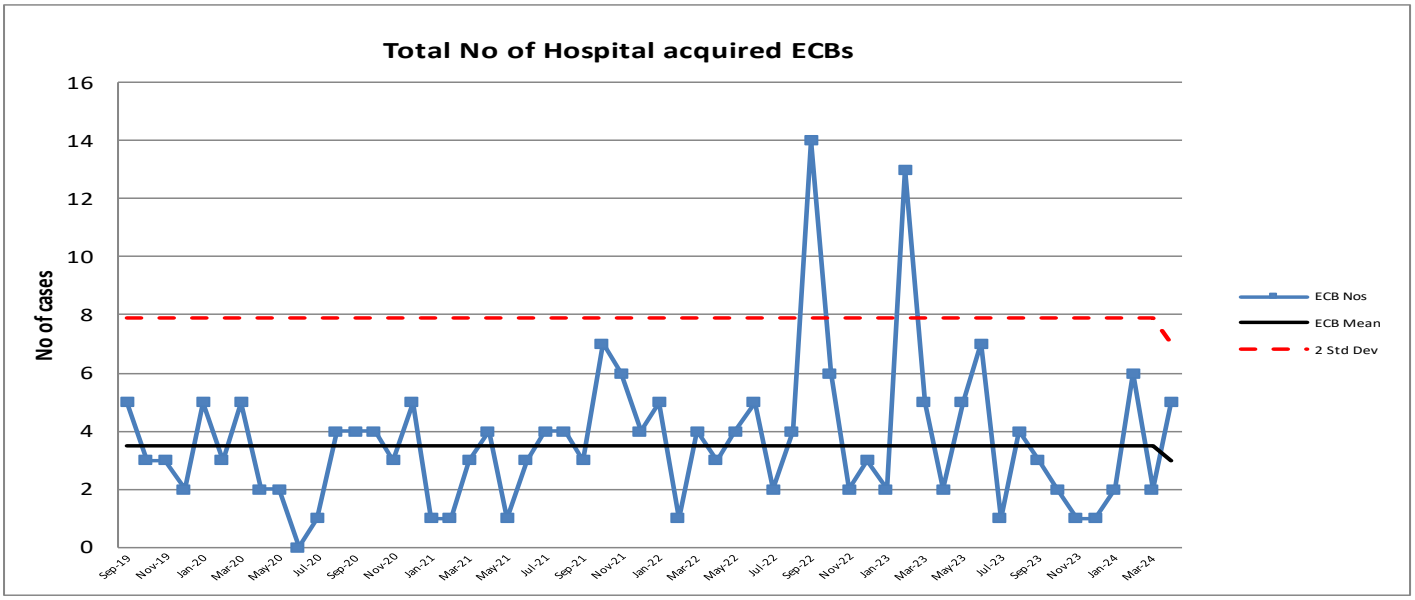


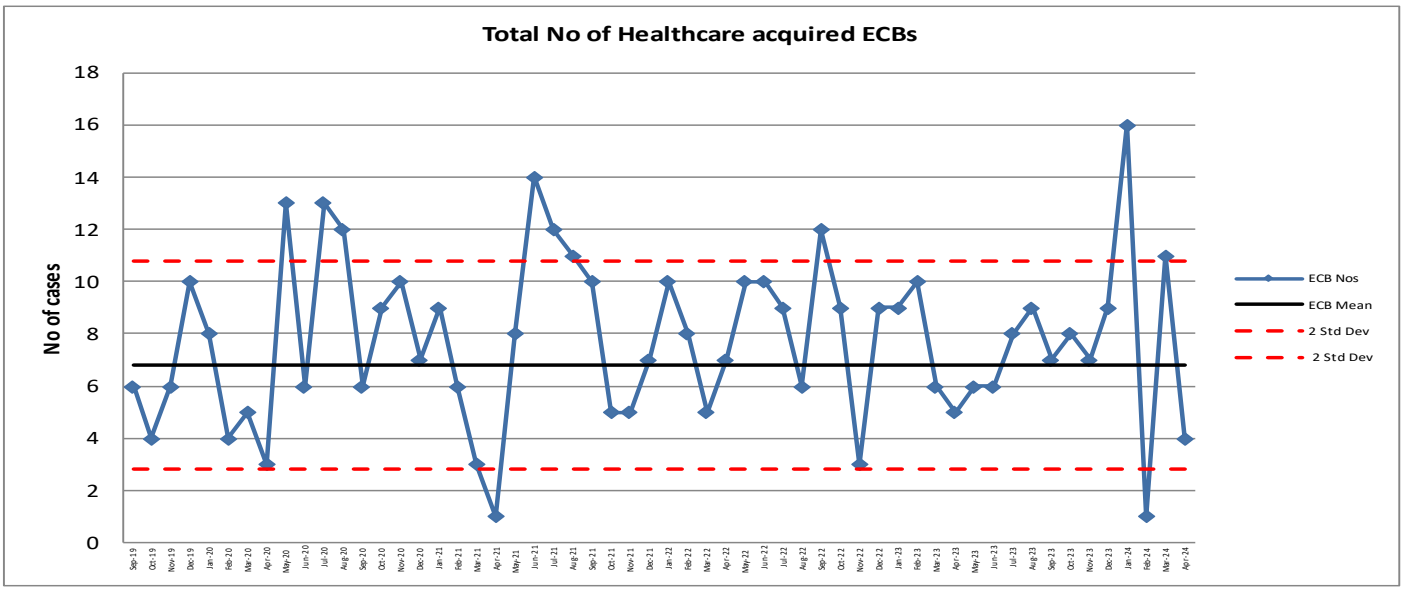




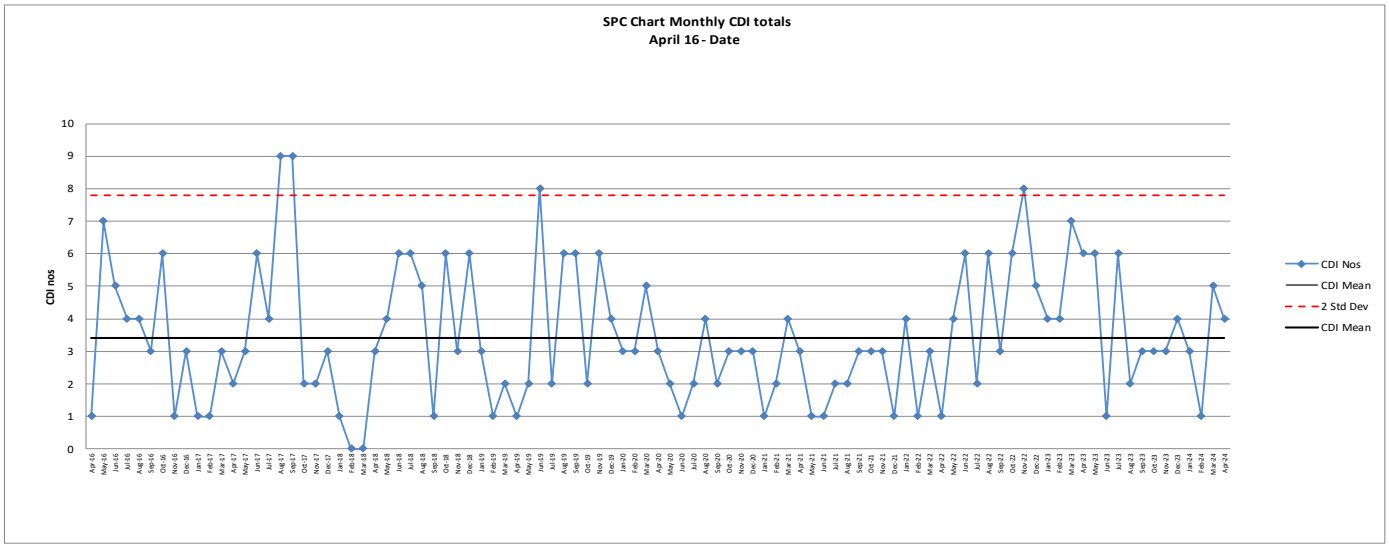
Escherichia coli Bacteraemias (ECBs)

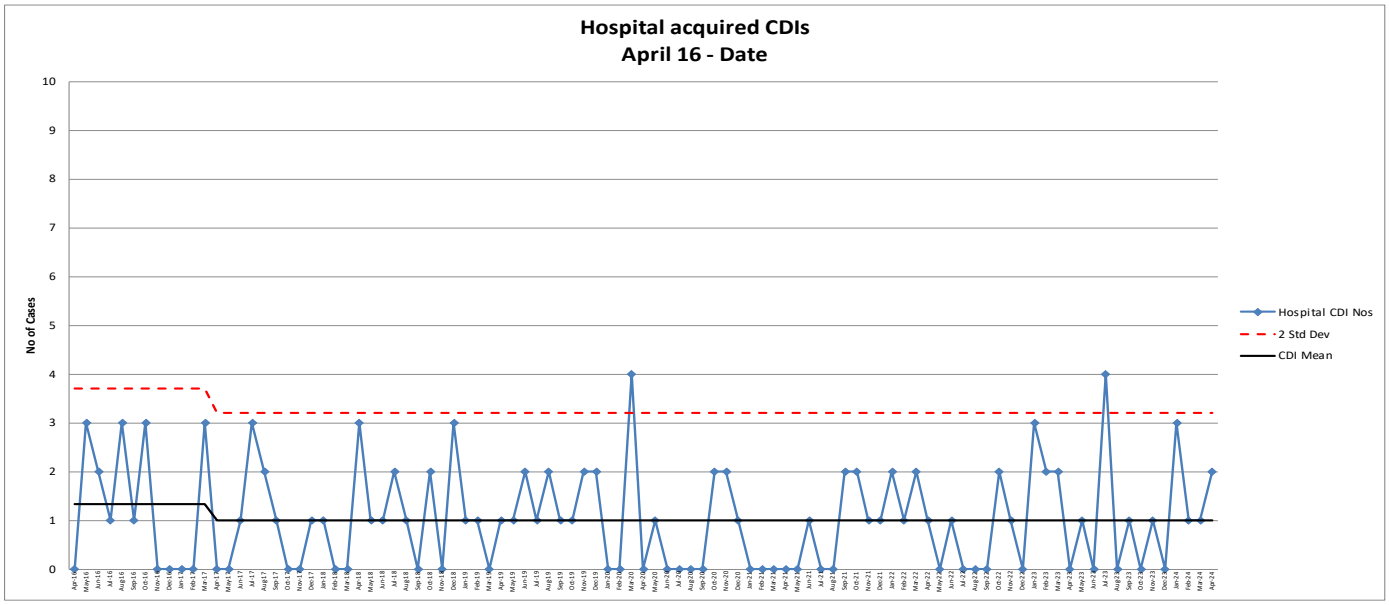


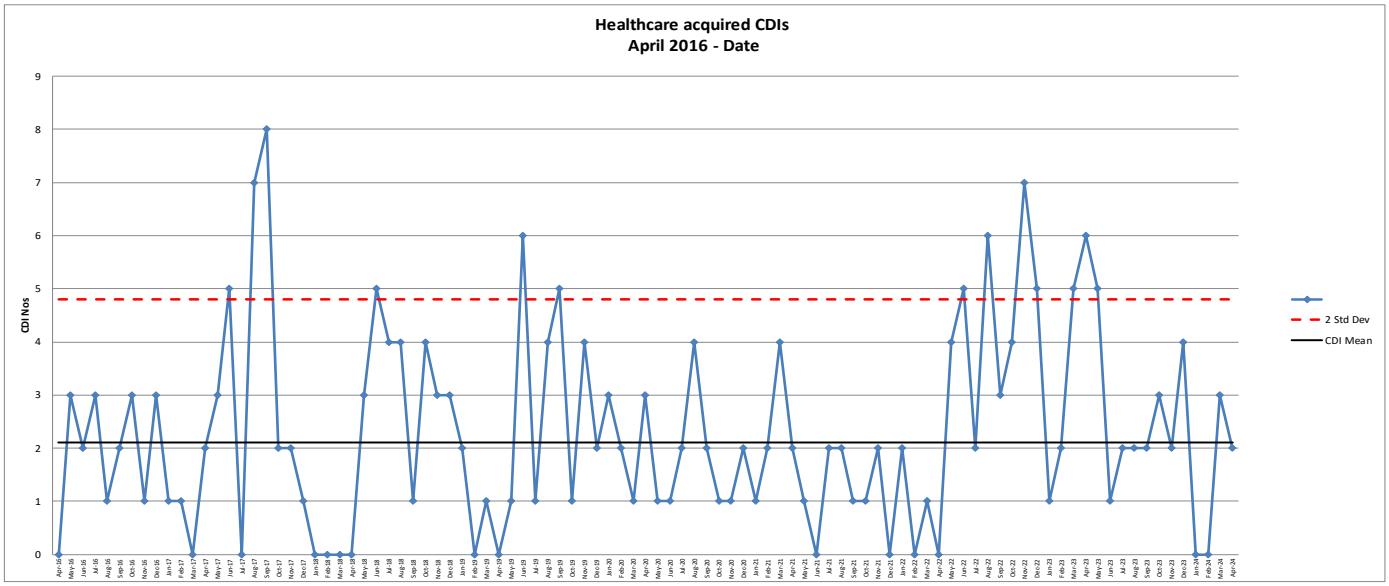




Clostridioides difficile Infections (CDIs)







FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

15. Person Centred Care Report
For Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Author: Mrs Pauline Easson-Donnelly, Person Centred Manager; Mrs Caroline Logan Person Centred Co-ordinator; Mrs Eilidh Gallagher, Head of Person Centred Care.

Executive Summary

This report is to provide a comprehensive review of complaints activity across NHS Forth Valley taking into account the number of complaints received, local resolution, compliance with national targets, SPSO referrals and examples of actions taken following complaints.

A detailed breakdown of the feedback mechanisms in place across the organisation is provided which includes analysis of the weekly Inpatient Experience Survey's, Care Opinion, patient letters and NHS Forth Valley's Website.

Due to a high level of complaints backlog, there is currently a significant organisational risk attached to performance levels with an associated impact on person centred care, trust in the health board within our communities and delays to learning and implementation of changes. This report seeks to offer assurance, and the necessary action plan, to ensure that performance improves, and necessary learning is embedded within the board following feedback.

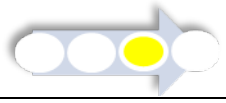
Recommendation

The Board is asked to: -

- **note** the current complaints position and the organisational risk attached to current performance levels.
- **note** the challenges in demand and capacity within the service and the proposal for further workforce analysis in year 2024.
- **note** the action and mitigation plan.

Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

- A reasonable level of assurance has been proposed on the basis that processes are in place to monitor and manage complaints and feedback across the organisation ensuring learning, although we recognise that significant improvement is required in relation to performance.

- In addition, while performance has decreased, assurance is offered around the volume of complaints being closed and the standard of complaint response and investigation being undertaken.
- Performance demonstrates a clear increase in complaints being closed monthly within the last quarter, although there has been an overall increase in the number of complaints received which mitigates this improvement in terms of performance reporting.
- Improvements are being implemented in relation to learning and implementation of necessary systems changes following the receipt of feedback.
- Despite the above, it must be recognised that the current demand for the department outstrips capacity presenting ongoing challenges into the year 24/25/

Implications

Financial Implications
Due to the short term staffing uplift in place, there remains a financial implication for the organisation as we work towards reducing the backlog of complaints.

Workforce Implications
In the current climate, staff wellbeing is at risk within the PRO and operational teams due to high levels of work-related stress. Disgruntled patients/families and challenging conversations are likely to be heightened due to lengthy delays in response time adding further stressors to the workforce.

Infrastructure Implications including Digital
There is a recognised risk to service delivery as a result of case record accessibility. A SLWG has been developed to consider the implementation of electronic records within the acute sector.

Sustainability Implications
N/A

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*
□ *Yes*
X *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
The current position presents a risk of negative patient experience to some of our most vulnerable service users, those who have reason to raise complaint or where healthcare provision may have caused distress. Improving our responses to patient feedback in a timely manner offers the opportunity to support people when they are most in need to offer openness, trust, and compassion to respond from feedback and implement learning.

Challenges have been highlighted in relation to closing the learning loop which presents a risk to the delivery of high quality, safe patient care. E-Health solutions are sought to bridge this gap in information and support ongoing action.

Information Governance Implications
Board level information governance policies are in place across the service.

Risk Assessment / Management
The current organisational risk related to poor performance within the complaints department has been formally registered on the corporate risk register. Mitigations remain in place and further improvement plans are in scope.

Relevance to Strategic Priorities
This report is in line with the nationally agreed key performance indicators relating to patient feedback defined by the SPSO and is directly aligned to board strategic priorities.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
No consultation required

Additional Information
N/A

Appendices

- Appendix 1: Learning Summary
- Appendix 2: Learning Bulletin March 2024
- Appendix 3: Quality Assurance Audit Tool – For Information

Complaints Performance Summary

Year to date, NHS Forth Valley have received 1,748 complaints with an associated performance of 57.6% in relation to national key performance indicators (KPIs). Complaints performance remains relatively static with much need for improvement.

As noted in previous CGC meetings, the number of complaints received by the board has returned to pre-pandemic levels. This is in keeping with wider NHS Scotland trends.

November 2023 saw a 32% increase in complaints versus monthly averages across the organisation with an associated impact on demand/capacity within the patient relations team. This increase has been sustained with the final quarter demonstrating a 38% increase in the average volume of monthly complaints in comparison with quarter 1 of 23/24. Complaint themes have been analysed within this timeframe with considerable increases being reported in areas such as waiting times, communication, staff attitude and behaviour and treatment outcomes. These themes are largely in keeping with the recurrent trends although the incidence has increased. Further analysis is taking place at local level with annual reporting due to close at the end of April which will facilitate the development of tailored annual improvement plans.

There is considerable organisational risk attached to the current volume of complaints being received. Firstly, the volume raises questions regarding the quality of care provided to patients under our care. Some key themes such as reliance upon agency staffing with an associated impact on continuity of care have been identified with staffing levels being addresses at an organisational level. Secondly, given the current backlog and the staffing position within Patient Relations, it is recognised that performance will continue to deteriorate into 2024 if we do not address the volume of complaints and increase capacity within the patient relations department. Looking at the current trajectory, there is a risk of doubling the current back log by April 2025 if the position does not improve. Steps are being taken in terms of complaint avoidance, including providing generic advice relating to recurrent themes on our website, and we are seeking opportunities to adopt automation to improve capacity within the department however there remains significant challenge.

We continue to review workforce capacity and demand for patient relations services. Temporary additional staffing resource is in place with support from senior clinical colleagues due to be introduced in April 2024. Clinical resources will be utilised to support early triage and investigation into complex category 3 /4 complaints, which is where we often see delays due to clinical complexity. We will monitor the impact and assess any long-term staffing requirements in months to come.

We acknowledge that there are opportunities to make further improvements to our complaints handling processes and continue to work with services to achieve improvements. Following learning from the acute governance reset days, a number of process improvements have been introduced to increase transparency, accountability and visibility of complaints performance and associated learning requirements.

We continue to work on digital solutions with the support of e-health colleagues although dashboards have been delayed with resources being focused on unscheduled care reporting which has resulted in delays. It is anticipated that this work will recommence in May 2024.

Complaint Key Performance Indicators RAG – February 2024

Detailed in the table below is an overview of the current performance against each of the Key Performance Indicators as at February 2024. Further details on each of the indicators are provided in the report.

Measure	As at	Performance status	Direction of travel
KPI 1: Learning from Complaints	Feb-24		◄►
KPI 2: Complaints Process Experience	Feb-24		◄►
KPI 3: Self Awareness and Training	Feb-24		-
KPI 4: Total Number of Complaints Received	Feb-24		▼
KPI 5: Complaint Closed at Each Stage	Feb-24		◄►
KPI 6: Complaints Upheld and Not Upheld	Feb-24		◄►
KPI 7: Average Times	Feb-24		▼
KPI 8: Closed in Full within the Timescales	Feb-24		▼
KPI 9: Number of Cases where an Extension is Authorised	Feb-24		▼

Key to Performance Status		Direction of travel	
RED	Outwith 5% of	▼	Deterioration in period
AMBER	Within 5% of	◄►	Position maintained
GREEN	On track or	▲	Improvement in period
GREY	No trajectory or	—	No comparative data

Complaints – Full Performance Report

The format of the remainder of the report reflects the Scottish Government's mandate to capture performance for the Board against the 9 Key Performance Indicators as outlined in the Complaints Handling Procedure.

Key Performance Indicator One: Learning from Complaints

Staff attitude and behaviour, waiting times, clinical care provision and issues relating to medicines administration remain the predominant complaint themes.

Directorate performance year to date is detailed below with an associated RAG of the top ten themes in relation to local performance. Year end reviews are currently in development with a dedicated action plan to be developed in relation to top themes at directorate level following the closure of the annual data set.

Directorate	Disagreement With Treatment /Ca	Insensitive To Patient Needs	Lack Of Communication/Explanation	Medication Not Prescribed As Expected	Problems With Medication/Presc	Staff Attitude	Treatment Didn't Have Expected Outcome	Waiting Times - Appt	Unacceptable WT For Appt	WT/ Date Of Appointment/ Other	Grand Total
Acute Services Directorate	26	26	44	14	3	81	94	52	81	11	432
Clacks And Stirling HSCP Directorate	3	5	1			5	4	2	1		21
Falkirk HSCP Directorate	5		3	1	1	6	1	1	4	1	23

FV Specialist MH And LD Services Directorate	5	6		1	1	7	5	4	2		31
Prison Healthcare Services Directorate	2	6	119	111	289	15	3	2	16	95	658
Women, Children And Sexual Health Services	11	12	15			18	16	11	25	3	111
Grand Total	**53**	**55**	**182**	**127**	**294**	**132**	**124**	**72**	**129**	**110**	**1278**

As noted, the average monthly volume of complaints received increased by 38% in the final quarter of 23/24. As such, trends in comparison with quarter 1 have been reviewed to consider key areas of variance.

Per the below, waiting times, communication, and staff attitude, which have routinely been the three most frequently reported concerns, are among the key themes that have increased significantly. The top ten increases and decreases have been presented for consideration.

There is recognised variance in terms of reporting which presents the risk of mismatched data however, the current data set is suggestive of improvements in record keeping, accuracy of diagnosis and communication. To avoid further data variance, safeguard categories are under review to avoid duplication or confusion.

Theme	Q1	Q4	Variance	Trend
Lack Of Communication/Explanation	0	97	97	▲
Treatment Didn't Have Expected	16	46	30	▲
Medication Not Prescribed as Expected	18	45	27	▲
Unaccep' Time To Wait For Appointment	8	33	25	▲
Disagreement With Treatment/Care	0	21	21	▲
PT/Carers Not Fully Involved In care	1	8	7	▲
Staff Attitude	24	31	7	▲
Delay In Medication	2	8	6	▲
Wait To See Doctor/Nurse	0	6	6	▲
Lack Of Clear Explanation	0	5	5	▲
Appt Date Cannot Be Given	8	4	-4	▼
Lack Of Support	8	4	-4	▼
Poor Aftercare	8	4	-4	▼
Accuracy Of Records	7	2	-5	▼
Wrong Diagnosis	14	9	-5	▼
Staff/Attitude And Behaviour	8	1	-7	▼
Treatment Options Not Fully Explained	8	1	-7	▼
Patient/Family Not Kept Update	12	4	-8	▼
Problems With Medication/Prescribing	63	51	-12	▼
Insensitive To Patient Needs	22	9	-13	▼

In response to staff attitude and behaviour concerns, first impressions training continues to be implemented for all newly qualified nurses and within wider staffing groups in the board. Outreach work is underway with students being offered tailored first impressions training to improve knowledge and understanding of positive communication skills. Additional work is underway to identify opportunities to work with the simulation centred to provide learning and expereince to deal with conflict and to further support compassionate communication.

We continute to see a high volume of complaints relating to waiting times and a new generic proforma has been developed to support a timeous response from services. Services continue to work on reducing the legnth of time taken to appoint patients and with the introduction of patient intitiated returns anticipate furhter improvements in the near future. To mitigate the volume of waiting times complaints, services have been asked to provide pro-active waiting times information and updates within the public domain.

Where concerns relate to treatment provision and delivery of care, thorough investigations are undertaken to ascertain if the delivery of care was safe and appropriate in line with protocols. Following investigations in recent months, changes have been made or are being designed to improve a number of processes including the adoption of new patient information leaflets, new IDL processes and new safety checklists. Complaints data has also supported the implementation of a dedicated working group focused on improving pressure care within the organisation.

23/24 data will formally close at the end of April, allowing for local level review and action planning however, some early actions have already been agreed per the below:

Theme	Action Plan	Due Date	Owner
Waiting Times	Improved communication regarding waiting times and access to current wait times via public website.	Jun-24	Local Services / EG
Staff attitude and behaviour	Dedicated first impressions training / refresher courses for key areas. Further focused SIM training to follow. Pilot Ward identified	Jun-24	EG/PD/JM
Treatment Didn't Have Expected Outcome	Local review of available patient leaflets - consider clarification or identification of any risks required	Jun-24	Local Services
Treatment Didn't Have Expected Outcome	To review and consider any necessary supportive changes to pre-op consent forms - consider adoption of e-form for enhanced discussion and documentation	Jun-24	General Surgery Clinical Director
Wrong Diagnosis	Annual report to be provided to clinical directors for thematic analysis / review of any required learning	Report July 24	Clinical Directors

A new learning summary report has been introduced, a reflection of the Clinical Governance template, to support with local learning and sharing.

The first summary has been included for review and sharing as appropriate, appendix 1. As we move forward with complaints categorisation and early triage opportunities, all category 4 complaints cases will have an associated learning summary report to support sharing and action across necessary forums.

An organisational learning bulletin has also been developed to support with widespread sharing. The first, currently draft, bulletin is copied below for reference / comment. Moving forward each bulletin will include any pertinent learning from SAERs, Complaints and Whistleblowing.

Scottish Public Services Ombudsman (SPSO)

The SPSO has received 43 cases relating to NHS Forth Valley during April 2023 – February 2024, an increase of 10 cases from the previous report.

The table below provides detail of the outcomes as at 29 February from the investigations. Remaining cases are still under investigation.

2023/24 SPSO Outcomes	Total Number
Fully Upheld	1
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	6
Withdrawn	2

It should be noted that SPSO concluded an investigation relating to treatment provision from 21/22 in August 2023 which was considered as fully upheld. One further outcome has been received with a fully upheld decision with the action list detailed below.

The themes investigated by the SPSO are as follows, note that the number of themes will not equate to the number of cases. The majority of concerns relate to clinical treatment and support from clinical directors is sought as appropriate to conclude any necessary investigations and learning:

Category	Open Case	Closed Case	Grand Total
Communication - Insensitive Information	2	1	3
Communication - Not Given Full Information	4	1	5
Staff/Attitude And Behaviour	2	3	5
Staff/Competence	1		1
Staff/Complaint Handling	1		1
Treatment/clinical	7	3	10
Treatment/Delay In Diagnosis Treatment	2	1	3
Treatment/Poor Co-Ordination/Aftercare	4	1	5
Treatment/Poor Nursing Care		1	1
Treatment/Problems With Medication/prescribing	1		1
Treatment/Treatment/Inv Carried Out Poorly	1	1	2
Treatment/Wrong Diagnosis/Treatment	2		2
WT/Date Of Appointment		1	1
WT/Date Of Planned Admission	1		1
Grand Total	**28**	**13**	**41**

The following SPSO recommendations are outstanding:

Case Number	Service	What the SPSO Found	Outcome Needed	Timeline for Evidence
F0031256	General Surgery	The board failed to provide appropriate care and treatment	When a concern is raised by the pre-operative assessment clinic regarding a severely obese patient, there should be multidisciplinary involvement, including the surgeon, in the High Risk Clinic	Evidence that this has been implemented in 3 months (04/06/24)

			so that the BRAN methodology can be genuinely utilised, including 'alternatives' and 'doing nothing'	
F0031256	General Surgery	The board failed to provide appropriate care and treatment	Specialist interest is sought from a regional bariatric centre / specialist before deciding whether or not to proceed with surgery for a severely obese patient.	Evidence that the finding of complaints has been fed back to relevant staff in a supportive way
F0031256	General Surgery	The board failed to communicated effectively	Ensure that all clinicians write directly to patients and use 'plain English' in these letters	Evidence that clinicians have been advised to write directly to patients rather than just CC'ing them into clinical letters by the 4th April 2024

Key Performance Indicator Two: Complaint Process Experience

The Complaints Handling Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process. To adhere to the guidance as set out in the procedure a questionnaire has been designed to support data collection. The questionnaire is forwarded to all complaints managed under the Stage 2 process and complainants are requested to tick a box against a list of predetermined questions agreed by all NHS Boards in Scotland.

Engagement with this process is currently poor and requires further review. A new MS Form is in development to trial a new way of working, engagement will be assessed following a small pilot period.

Additionally, a small sample of past responses have been reviewed to ascertain performance and identify learning opportunities. This review highlighted areas of good practice and compassionate care however, some concerns were also noted regarding the completeness of our responses which on occasion displayed a lack of empathy. As noted in November 2023, changes to the structure of responses have been implemented with improvements being reported locally. Initial feedback from staff involved in the process suggests that responses and investigations have improved with a greater detail of scrutiny apparent.

A further quality improvement (QI) project is due to take place with the support of colleagues in QI. Utilising a set of data quality indicators, appendix 2, further assessment will take place of past and present responses to understand improvement opportunities. The findings will be shared with the CGWG in our next report.

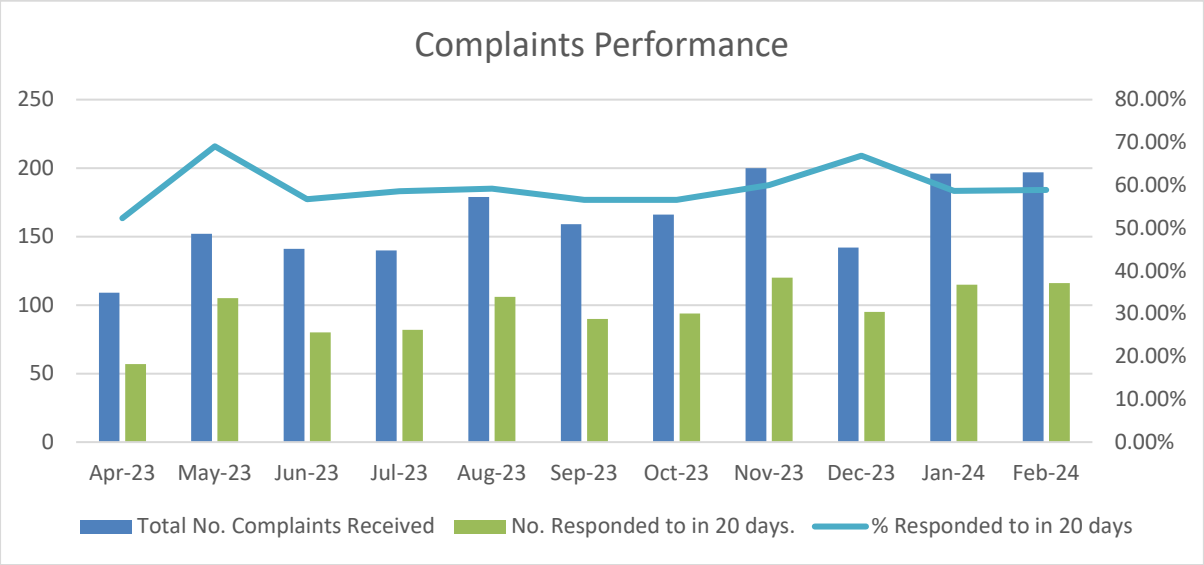
Key Performance Indicator Three: Self Awareness and Training

There continues to be a high uptake of first impressions training at board level. E-health solutions are in development to link local uptake with dashboards to improve visibility. Due to absence this improvement has been delayed but will be progressed within coming months.

An additional focus on learning needs is to be delivered by offering single point of contact within PRO for services to manage cases and identify any service learning needs through focused discussions.

Key Performance Indicator Four: Total number of Complaints Received

The board has received 1,781 complaints year to date. The total number of complaints received has continued to increase in the final months of 23/24. The volume of complaints is comparable to 0.2% of patient interactions.



In Q1 – Q3 the board received an average of 154 complaints per month. In Q4, the average monthly volume of complaints was 186, which is representative of a 20% increase. The increase in comparison with 23/24 Q1 is 38%.

Increases are primarily associated with the Acute and W&Cs Directorates with local discussion taking place within governance forums to identify any improvement opportunities.

Directorate	Count	Quarter 1	Quarter 2	Quarter 3	Quarter 4
NHS FV	Avg Monthly No. Complaints Received	134	159	169	186
	Avg Monthly No. Responded to in 20 days.	80	92	103	102
	Average Monthly No. Closed (regardless of target)	89	133	164	173
	Avg Monthly % Responded to in 20 days	60%	58%	62%	54%

While the volume of complaints has increased, and the overall performance has remained relatively static. There has been a demonstrable improvement in the volume of complaints closed each month in Q3 and Q4 (27%). Given the increase in cases received, this improvement has unfortunately not translated to an improved performance rate.

Following year end data closure, local action plans will be implemented to ensure learning and with the aim of reducing the volume of complaints in the future.

Key Performance Indicator Five: Complaints Closed at Each Stage

The National average for cases closed as stage 1, or early resolution, was 51% in 22/23. The average response rate YTD within NHS FV is comparable with 51% of cases closed as S1 and 49% closed as S2. However, data is largely upheld by performance within the prison sector.

Complaints Type	Number of complaints closed at each stage	Number of complaints closed at each stage as a % of all complaints
Stage 1	956	57.3%
Stage 2	609	34.2%
Stage 2 after escalation	13	0.73%

As noted in November 2023, there is variance at directorate level in relation to the number of cases managed under the stage 1 process. There has been a dedicated focus at service level to resolve more complaints as stage 1s, offering earlier resolution for patients and families and an associated reduction in the time spent investigating and responding.

As at February 2024, improvement is evident across each directorate.

Directorate	November 23'		Feb 24'		Trend (S1)
	S1	S2	S1	S2	
Acute	23%	77%	31%	69%	▲
Clacks And Stirling HSCP Directorate	10%	90%	16%	84%	▲
Falkirk HSCP Directorate	26%	74%	35%	65%	▲
FV Specialist MH And LD Services Directorate	24%	76%	31%	69%	▲
Prison Healthcare Services Directorate	93%	7%	94%	6%	▲
Women, Children And Sexual Health Services	24%	76%	30%	70%	▲

Key Performance Indicator Six: Complaints Upheld and Not Upheld

The total number of complaints closed at Stage 1 for the period 1 April 2023 – 29 February 2024 is 956. The table below provides a breakdown of the formal outcome.

Stage 1	No. Of Complaints Closed	% of Complaints Closed at Stage 1
Upheld Complaints	39	4.1%
Not Upheld Complaints	890	93.1%
Partially Upheld Complaints	24	2.5%

The total number of complaints closed at Stage 2 for the period 1 April 2023 – 29 February is 622, the table below provides a breakdown of the formal outcome.

Stage 2	No. Of Complaints Closed	% of Complaints Closed at Stage 2
Upheld Complaints	47	7.5%

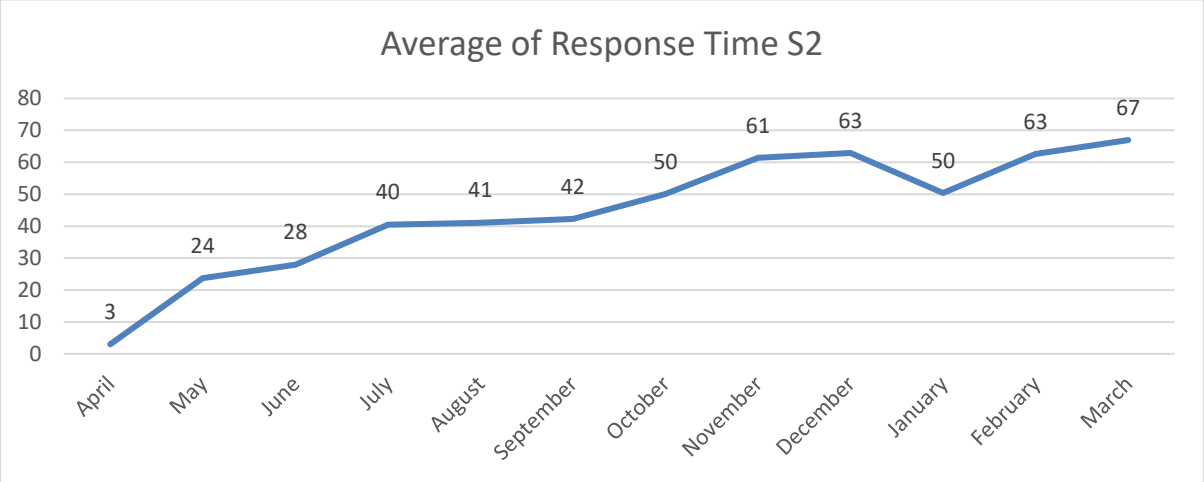
Not Upheld Complaints	451	72.5%
Partially Upheld Complaints	81	13%

It is noted that 198 complaints remain open (as at 26 March 2024) for the period 1 April 2023 – 29 February 2024. The figures in the above table do not reflect the total numbers of complaints received for stage 2 as complaints remain unresolved and 50 closed complaints are awaiting outcomes. The outstanding complaints and outcomes are being actively progressed by the Team.

As noted previously, there is variance in the proportion of complaints upheld / not upheld in comparison with wider Scottish Health boards. While we are offered reassurance by the fact that few cases progress to SPSO investigation, the variation is noteworthy. A new decision-making process has been designed as part of the recalibration work to ensure equity in decision making.

Key Performance Indicator Seven: Average Times

The average time to respond to cases has continued to increase as anticipated. This is in part due to the closure of long waiting cases combined with the volume of cases and reduced patient relations workforce.



While we saw improvements in January 24, the position has deteriorated as a result of long waiting cases being closed. We anticipate the number of days taken to respond will plateau as of April 2024. However, as noted above, continued pressure and increasing workloads present a further risk of deterioration if mitigation steps are not put in place.

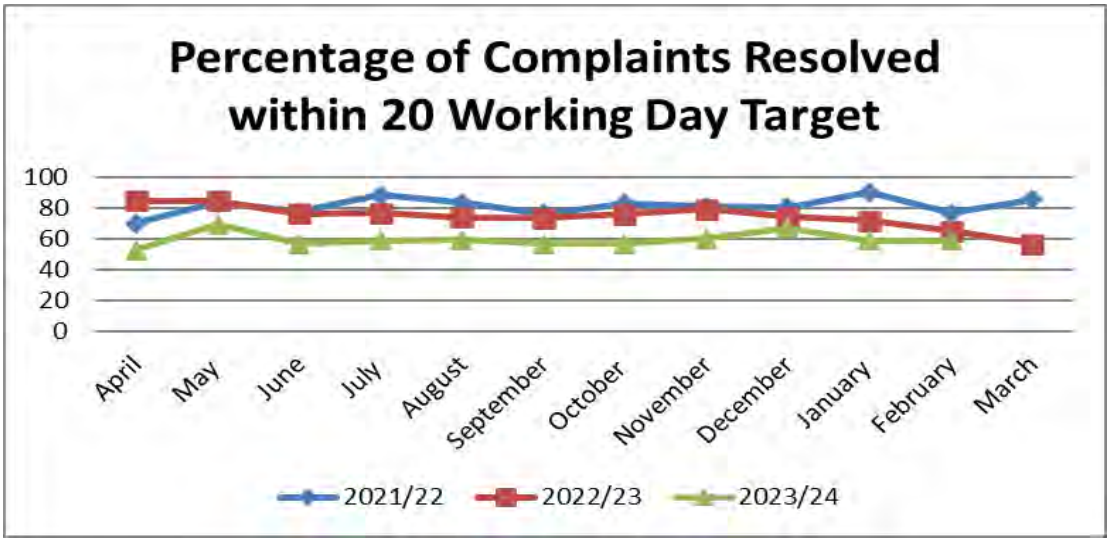
It should be noted that, where stage 2 complaints are closed within 20 working days, the average time to respond is 17 days.

14% of S2 complaints YTD have been closed within 20 working days. S1 complaints continue to be responded to in line with national target timescales.

To mitigate further delays, clinical staff placements have been introduced to the patient relations team as of April 2024, offering the ability to gather complex clinical information quickly and avoid any delays in investigation for critical and complex cases. We hope to see improvements as a result within the next two months.

Key Performance Indicator Eight: Closed in Full within the Timescales

In the period 1 April 2023 – 29 February 2024, 1,781 complaints have been investigated, of which 59.52% have been responded to within 20 working days. A comparison of performance against 2021/22 and 2022/23 is detailed in the graph below.



Stage 1 and Stage 2 Performance

The tables below provide a breakdown of performance month on month for the current year.

- Overall performance has remained within the range of 55-59% since June 23
- Stage 2 performance increased significantly in December 23 although has subsequently reduced.
- Overall performance in December was the second highest reported monthly performance YTD.

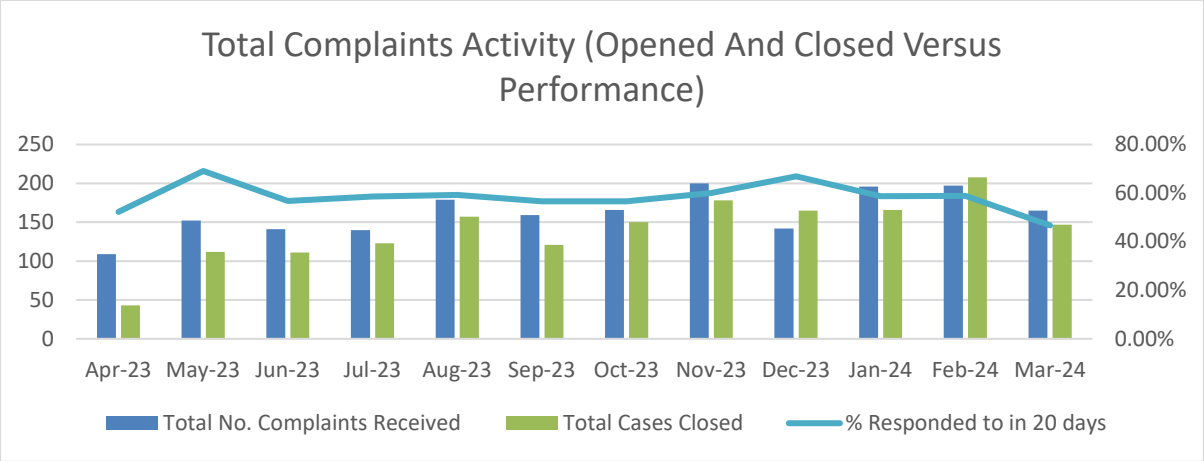
Stage 2 Performance has fluctuated due to workforce challenges within the PRO team year to date. All possible steps have been taken to mitigate workforce capacity challenges with supplementary staff however, this has proven challenging to date. An interim supplementary Band 6 Complaints Officer was appointed in late November. However, due to absence, this supplementary capacity was offset against a long-term absence until December 2023. A further 2WTE posts have been advertised on a temporary basis however recruitment has been unsuccessful.

Wider systemic challenges are apparent relating to time taken to provide information via services and quality of investigative responses provided. The team continues to work closely with the Directorates to support staff during a period of sustained systems pressure within the organisation. In agreement with local services, a formal escalation tree has been adopted where complaints handlers do not receive necessary information to allow investigations to conclude within set timeframes.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	50	88	68	74	83	87	87	117	81	105	117		957
No Responded to in 5 days	48	63	55	59	71	64	72	77	55	64	86		714
% responded to in 5 days	96.00	71.59	80.88	79.73	85.54	73.56	82.76	65.81	67.90	60.95	73.50		74.61
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	59	64	73	66	96	72	79	83	61	91	80		824
No Responded to in 20 days	7	17	12	9	24	5	7	6	14	10	4		115
% responded to in 20 days	11.86	26.56	16.44	13.64	25.00	6.94	8.86	7.23	22.95	10.99	5.00		13.96
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	109	152	141	140	179	159	166	200	142	196	197		1781
No Responded to in 20 days	57	105	80	82	106	90	94	120	95	115	116		1060
% responded to in 20 days	52.29	69.08	56.74	58.57	59.22	56.60	56.63	60.00	66.90	58.67	58.88		59.52

It is noted that there has been a slight increase in performance compared to the performance figure achieved in November (58.71%), and the Team are continuing to work closely with the Directorates to support staff during a sustained period of systems pressure within the organisation.

Despite a high incidence of absence, there has been an increased level of productivity within the last three months. The table below details the number of cases received, cases closed and the absence rate within the team within the current financial year. There has been a 27% increase in complaint closures in Q4.



Performance Excluding Prisons

To provide a further breakdown of performance, the undernoted table demonstrates the 20 day performance excluding prisons complaints. It is noted that overall performance for responding to complaints (excluding prisons) is 37.2% as at February 2024.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	21	29	25	20	13	21	19	29	23	40	52		292
No Responded to in 5 days	19	15	17	14	7	14	16	20	17	24	35		198
% responded to in 5 days	90.48	51.72	68.00	70.00	53.85	66.67	84.21	68.97	73.91	60.00	67.31		67.81
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	58	63	68	64	85	71	69	80	52	80	73		763
No Responded to in 20 days	5	15	12	9	18	5	5	6	11	8	4		98
% responded to in 20 days	8.62	23.81	17.65	14.06	21.18	7.04	7.25	7.50	21.15	10.00	5.48		12.84
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	79	92	93	84	98	92	88	109	75	120	126	0	1056
No Responded to in 20 days	28	46	37	29	32	26	24	34	35	50	52	0	393
% responded to in 20 days	28.00	50.00	39.78	34.52	32.65	28.26	27.27	31.19	46.67	41.67	41.27	#DIV/0!	37.22

Prison Performance Only

To provide a further breakdown of performance, the undernoted table demonstrates the 20 day performance for prison only complaints.

Stage 1	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	29	59	43	54	70	66	68	88	58	65	64		664
No Responded to in 5 days	29	48	38	45	64	50	56	57	38	40	53		518
% responded to in 5 days	100.00	81.36	88.37	83.33	91.43	75.76	82.35	64.77	65.52	61.54	82.81		78.01
Stage 2	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	1	1	5	2	11	1	10	3	9	11	7		61
No Responded to in 20 days	0	0	0	0	5	0	2	0	2	0	0		9
% responded to in 20 days	0.00	0.00	0.00	0.00	45.45	0.00	20.00	0.00	22.22	0.00	0.00		14.75
Overall No of Complaints Received	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Yearly Total
No of Complaints Received	30	60	48	56	81	67	78	91	67	76	71		725
No Responded to in 20 days	29	59	43	53	74	64	70	86	60	65	64		667
% responded to in 20 days	96.67	98.33	89.58	94.64	91.36	95.52	89.74	94.51	89.55	85.53	90.14		92.00

Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

It is important to complainants that we respond to their complaints timeously and that every effort is made to ensure that we do not cause a detrimental effect on the person making the

complaint. Not all investigations will be able to meet this deadline; however, the CHP allows an extension where it is necessary to complete the investigation.

The Patient Relations Team are working to ensure that this key performance indicator is adhered to, and steps have been taken to ensure that a robust recording and monitoring process of extensions within Safeguard is in place.

The table below details the number of complaints whereby an extension has been authorised against the total number of complaints received at each stage compared to the previous year as at 29 February 2024:

	Total No of Complaints at each stage		No of Authorised Extensions		% of Authorised Extensions	
Complaint Stage	2022/23	2023/24	2022/23	2023/24	2022/23	2023/24
Stage 1	1005	957	153	256	13.8%	26.8%
Stage 2	780	824	448	635	57.4%	77.1%

Person Centred Report

This section of the report highlights a range of projects/work the Person-Centred Team have undertaken to support patients, families and staff.

To support the development of patient experience a short life working group will meet to discuss overall feedback and improvements which will be highlighted in the next report to show changes that have been made as a result feedback.

The service are currently supporting the implementation of HEART : Hearing, Engaging, Acting, Responding – Together. An advocacy group aimed at ensuring that the voice of the child is embedded in service design and delivery. The team will look to develop a commissioning body in due course and will imminently look to develop a child-friendly complaints handling policy to supplement the existing CHP.

Additionally, in response to feedback received to date, the Person Centred Care Team are in the early stages of developing a working group to look at intercampus transportation to support patients and relatives in parking and transfer across the FVRH site.

In-patient Experience Survey

As part of NHS Forth Valley's tool kit of gathering patient experience and feedback, each week 5 patients per ward are asked to complete the local in-patient experience questionnaire, this would normally be supported by ward volunteers who discuss the questionnaires with the patients, due to the current pandemic situation, this is currently being supported by ward staff and will be continuously reviewed with the aim of the volunteers returning when safe.

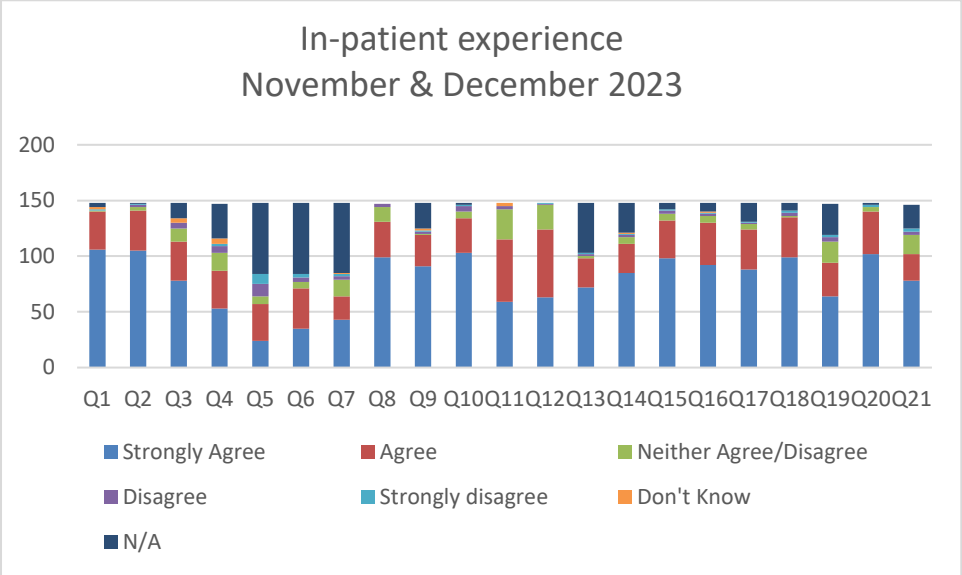
The following results show our patient feedback for the month of September and October 2023 across all in-patient areas in NHS Forth Valley. This data is collected on a weekly basis and is aggregated for purposes of this report. See below details of the top 3 positive results and the top 3 areas identified for improvement.

Top 3 Positive Results

1. 93% of patients responded that staff introduced themselves.
2. 93% of patients responded overall they were happy with their care.
3. 90% of patients responded that staff did not talk in front of them as through they were not there.

Top 3 areas for improvement

1. 13% of patients responded they were troubled by noise at night from other patients.
2. 5% of patients responded staff did not ask “what matters to you?”
3. 4% of patients responded that they did not have enough privacy when being treated/examined.



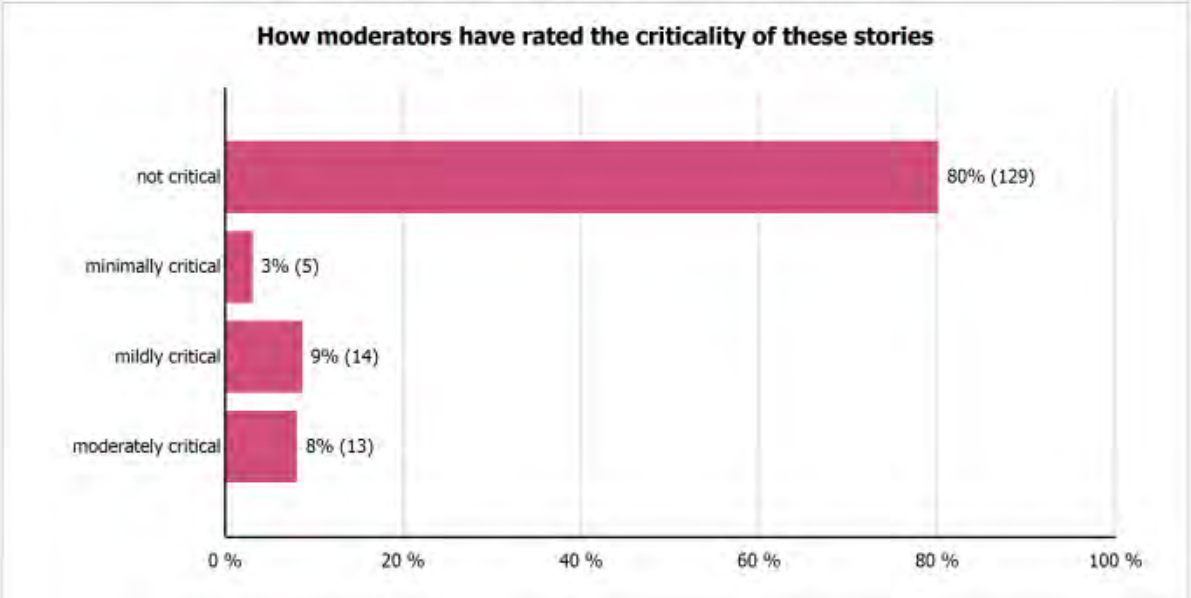
150 patients completed the inpatient experience survey for the months of November and December 2023.

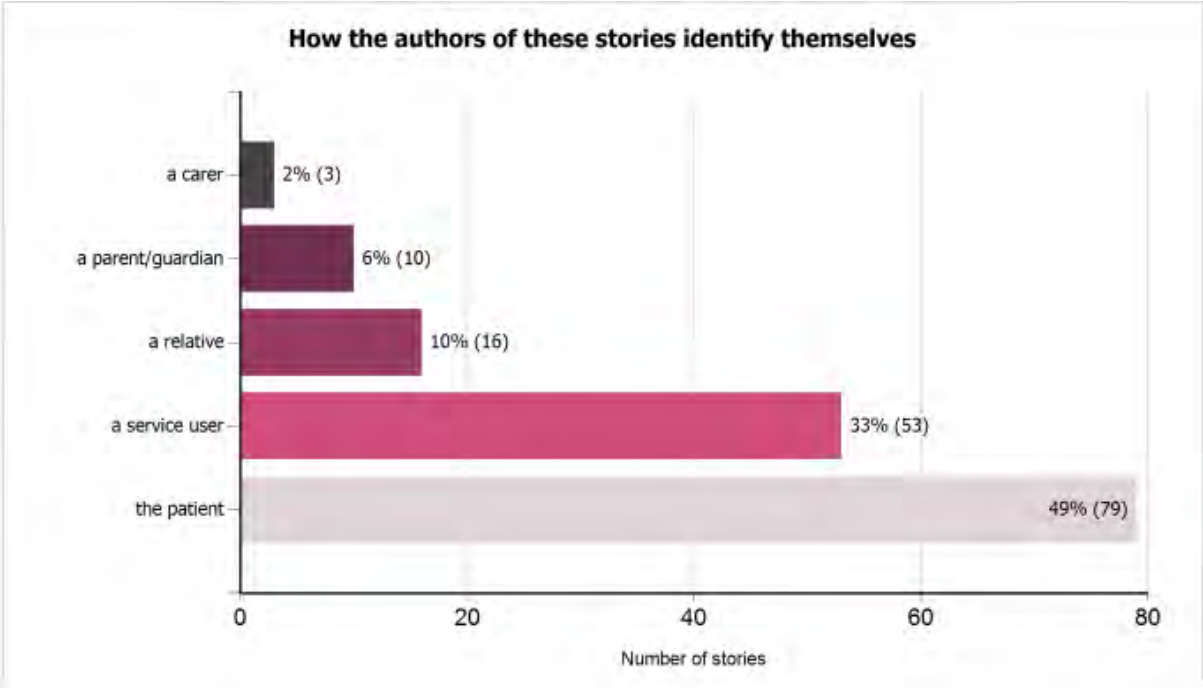
Care Opinion

During the months of January and February 2024 we have received 161 Care Opinion stories, to date the stories have been read 12,960 times. The tables below give details of how the moderators have rated the stories and who is telling the stories.

Table 1: details how the stories have been moderated, 83% of stories posted were rated as noncritical/minimally critical.

Table 2: 82% of stories were posted by patients/service users.





What was good?

The wordle below details what people thought was good about their experience.

- Patients fed back that staff were professional, had good communication, were friendly, caring and kind.
- Staff provided high levels of care.

What could be improved?

The wordle below details what could have improved their experience.

- Communication
- Staff Attitude

- Waiting time

Wordle highlighting what was good about care

Expressions of Care – Patient Feedback

NHS Forth Valley pro-actively encourages feedback to inform service improvements, ensuring that care is safe, effective and person centred. The comments and letters below demonstrate the range of positive expressions of care we have received, in the words of those providing the feedback.

Minor Injuries Unit

I'd like to thank everyone at the Minor Injuries Unit in Stirling for providing a fantastic service when we had to attend this weekend. My wee boy hurt his foot on Sunday and after speaking with 111 we were offered an appointment and he was seen, x-rayed and back at home within a couple of hours of first picking up the phone. Everyone we met was kind and helpful – with special thanks to Vikki the nurse for putting him at ease and helping him feel better with a teddy bear ('handmade by Violet') and a certificate for being brave. The care couldn't have been better!

Cardiology

I was admitted to cardiology on the 26 December 2023 after suffering a heart attack. I was in for 3 days and from day 1 was looked after very well by everyone in the ward and everywhere else I was taken for scans etc. I am now waiting to go to Edinburgh on Friday 19 January to have a stent put in. I would be grateful if you could pass on my best wishes to all and keep up your excellent work.

ICU

Just wanted to say thank you to the ICU staff at base 2, they have been amazing with my mum, especially Ross & Colin, they are very caring & lovely people and very professional throughout. Just wanted to make sure they get some recognition for the amazing job they ae doing, made me feel a lot better leaving my mum who is currently on a ventilator knowing she is being cared for by these lovely people.

Accident & Emergency

I am writing because unfortunately my 85-year mother following a head injury had to attend A&E where despite the department appearing full to overflowing, she was triaged and sent for a head CT relatively quickly.

The CT scan was at 11.30 pm and following this my mum who was accompanied by my 85-year-old dad and my brother all waited several hours for results which were thankfully clear and returned home at 5.30 am. You will appreciate my concern for them at their age being possibly distressed and up all night but equally knowing she needed to be there. I am delighted to share that my mum has told me despite the department being absolutely rammed they were treated with nothing but kindness, courtesy and respect the whole time they were there by all staff not only treatment wise but frequently checked to see they were okay and offered refreshments. Mum bless her is a sharp cookie and observed the constant business of the staff and is so appreciative of how hardworking they were and is astonished at their resilience Thank you A&E for caring for my parents so wonderfully especially when due to illness I could not be with them physically but was reassured by texts from my brother throughout the night and was comforted by his calm tone they were ok but fabulous to have my mum confirm they were looked after so well.

Assurance – Performance and Demonstrating Improvements & Learning

This section of the report provides assurance and demonstrates work being progressed to enhance the management of complaints, feedback and learning, and person-centred care to the Board.

1) Prioritisation of outstanding complaints to deliver associated improvement in response time - April 2024
The current delay in time taken to respond to complaints has a considerable impact on patient experience with associated risk of loss of trust in the board. Furthermore, length of response time renders the board vulnerable to criticism via the SPSO for failing to meet nationally agreed key performance indicators. The patient relations team will continue to prioritise the necessary investigation and reporting required to conclude long waiting complaints. It is anticipated that all cases pre-dating December will be closed by calendar year end. To achieve this, support is sought via services to ensure necessary investigation takes place timeously.
Jan 24 Update: Focused work on long waiting cases continues. There are now 10 cases outstanding > 100 days and 39 cases > 50 days. Service meetings are being scheduled to address any outstanding information requests. Dedicated Chief Nurse resource has been allocated to support the investigative processes for these complex cases.
Feb 24 Update: Focused work ongoing, there are now 4 cases outstanding >100 days. These cases are complex and are under review via the senior PRO team. Support is sought via appropriate staff members within the acute directorate to allow these cases to close.
2) Review of SAER / Complaints processes and interlinks - April 2024
Ongoing review is required relating to the identified SAER cases to ensure that patients and families are receiving a full and timeous response. Collaboration is required between clinical services, clinical governance and the PRO team to ensure that areas that fall out with the terms of reference of the SAER process are identified and responded to. As part of the Clinical Governance Reset Days in January 2024, services and clinicians will be asked to support the development of protocols and criteria to embed a robust process and the necessary conditions required to manage these two processes in parallel in a person centred fashion.
Jan 24 Update: Weekly meetings scheduled to discuss complex cases. Background e-health work undertaken to create necessary systems interlinks to build a sustainable e-

health solution. Protocols to be designed and ratified via necessary governance panels Feb 24.

February 24 Update: Weekly meetings remain in place with PRO and Clinical Governance.

Table top exercises facilitated Feb/Mar 24 to gather feedback and learning opportunities. Issues highlighted in relation to final complaint reports and sharing across teams, information sharing to be considered with support of local leadership structures.

Paper submitted to ELT to consider how we integrate Safeguard modules between complaints and clinical governance colleagues to support early discussion and planning where SAERs overlap with complaints. New triage documentation submitted to ELT for ratification of process changes to allow services to identify critical issues with the potential for trigging adverse event processes at an early stage.

3) Review / ratification of newly implemented statement template - April 2024

To support early investigation and escalation of complaints to SAER where required, a new statement template has been implemented within several directorates following ratification within the last governance group.

Feedback to be sought in March 24, 3 months post roll out, to ascertain any improvements and make any necessary changes.

The newly designed template prompts services to consider any necessary governance implications, escalation requirement and encourage services to consider care delivery against nationally or locally agreed guidelines and protocols. Consideration of escalation at an early stage will support services, and the wider health board, to consider rapid learning where required or to conduct full and thorough SAER investigations with necessary peer review where merited. In turn, governance, safety and patient experience should improve with an associated improvement in staff wellbeing and value at work.

Jan 24 Update : New template has been live for 2 months in W&C and mental health services with feedback actively sought. Changes proposed Feb 24 to streamline information and support responses. Dedicated complaints toolkit in development for staff net to offer further resources.

February 24 Update : Final review and assessment of roll out due to take place at month end before considering roll out to Acute and across wider organisation.

4) Submission of workforce evaluation with support of organisational development where indicated - February 2024

As noted, the NHS FV complaints case load represents the fourth highest case load , where numbers are known, within NHS Scotland.

The workforce ratio is currently out of kilter with wider Scottish health boards representing a missed opportunity to develop a highly skilled and motivated workforce with clear developmental and career opportunities.

Organisational Development support will be sought to develop a workforce plan to bring the board into line with similar structures seen throughout NHS Scotland.

Jan 24 Update: Initial benchmarking complete. Longer term assessment required to consider capacity / demand following changes to processes.

February 24 Update : National benchmarking complete and job descriptors requested to consider future staffing models.

5) Key metrics to be defined and e-health solutions sought to integrate performance and learning within balance score cards - March 2024

Key metrics relating to weekly and monthly performance are complex to ascertain via current digital health systems, review is underway to consider how data is presented and the level of detail provided to operational teams to ensure that information is pertinent and engaging.

Jan 24 Update: Pentana dashboard in development at local and service level. Initial charts designed and tested locally. Further work underway Feb-24.
February 2024 update : Information and reporting metrics submitted to Pentana. Initial data now available on Pentana at directorate level re complaints volume. Requests submitted to NES to consider complaint handling module uptake metrics – unable to report via Pentana but awareness raised via organisational learning bulletins.
6) Review of current process and development of a SLWG with key stakeholders to address processes including, investigation, escalation, learning points and actions and governance around upheld complaints - *January – March 2024*
Initiation of a short life working group (SLWG) is proposed to consider any necessary changes in process to maximise the opportunity to learn from patient complaints and feedback. Nominations are sought via all appropriate channels for key stakeholders to engage. The inaugural meeting would ideally run in January 2024 however winter pressures should be considered for membership across operational and clinical services. The remit of the group will be wide scoping to review all necessary protocols and will be led by the head of person-centred care. Learning, new protocols and changes to practice should be ratified via necessary governance forums prior to implementing changes utilising quality improvement methodologies.
Jan 24 Update: Clinical Governance reset day scheduled for Feb 24, table-top session planned to support discussion and brainstorming. Discussion with necessary services scheduled to consider implementation and roles/responsibilities.
February 24 Update: SLWG on hold due to service pressures, small tests of change in local areas to be supported instead with buy in via EIPC – Unscheduled Care to pilot new ways of working as a TOC.
7) Develop a programme for training/education - *March-May 2024*
To enhance understanding and engagement with processes, a training programme should be developed for all new and existing staff within NHS FV. Training should consider compassionate communication and mediation, reflective practice and awareness of the complaints handling process.
Jan 24 Update: NHS FV continue to support the development of National NES training videos. Pilot area to support compassionate communications training identified to work alongside SIM centre. Drop in sessions to be scheduled for FAQs with PRO team.
February 24 Update: Pilot area for integrated First Impressions and SIM centre training identified. On hold due to staff absence, to progress April 24.
8) Develop and ratify new person-centric strategies for implementation at board level - March – May 2024
The current Person Centred Care Strategy is due for renewal in 2024. With the support of planning colleagues a combined person-centric and community engagement framework is proposed to support overarching board quality and delivery strategies. Public engagement will be sought to ensure that the design and delivery of care within NHS FV is person-centred.
January 24 Update: Ongoing discussion in line with the above. Changes proposed to SPSO processes and overall complaints handling procedure. TOC to be evaluated before formally seeking review / ratification of new procedures.
February 24 Update: In development, delayed due to service pressures and workforce capacity.
9) Embedding Organisational Learning From Feedback - April 24
Quarterly Learning Bulleting to be developed and shared across all internal communication platforms. In collaboration with clinical governance, a quarterly learning summary to be shared following adverse events and category 4 complaints to ensure that learning has been shared and acted upon. First issue due to be shared April 24.

Complaint ID: F0034866
Directorate: Acute
Key Words: Progressive skin damage with delay to escalate, record keeping and manual handling.

What Happened?

A patient was admitted to FVRH with pre-existing low grade pressure damage, despite intervention via the appropriate teams, the patients skin condition deteriorated and subsequently resulted in osteomyelitis and clinical deterioration.

What Went Well?

- Air mattress and pressure boots provided on admission because of a pressure blister.
- Tissue Viability (TV) visited frequently to review and update care plans.
- Proactive management of infection markers with multidisciplinary involvement.
- Person centred care delivered with medication options changed to meet family wishes.
- Dietetics review with daily documentation regarding intake and weight.
- A supportive conversation regarding end-of-life care planning took place with appropriate documentation completed.
- High quality care delivered in Stirling Rehab Unit

What, if anything, could we improve?

- Communication regarding medical review and intervention should be open and transparent.
- Review of training needs regarding tissue viability protocols and criteria for referral required.
- Promotion of positional changes, and encouragement of patients for the same.
- Promotion of robust record keeping.
- Promotion of engagement with NOK and completing 'record of communication with carers/relatives'.
- Promotion of the importance of completing IR1s, and criteria, in relation to skin damage.
- Review of manual handling and promotion of the use of sliding sheets.
- Promotion of multidisciplinary complaints review.

What have we learnt?

- Communication regarding medical review should be open and transparent. Where information is unknown staff should be supported to clarify to avoid conflicting information being shared which may further add to distress.
- The tissue viability team would be best placed to undertake a review of NHS FV skin care protocols and undertake a learning needs assessment.
- A senior steering group should be developed to ensure that good practice is promoted across the organisation in relation to skin care, referral criteria, adverse event reporting and documentation.
- The senior charge nurse should promote the need for robust documentation, including care plans, PUDRAs and records of communication with carers / relatives.
- The senior charge nurse should promote the importance of safe manual handling practice.
- Multidisciplinary complaints benefit from early intervention, role allocation and clarity regarding responsibilities for team members.
- Adoption of electronic records at board level would streamline investigative processes and expedite the investigation of complex cases.

Edition 1: March 2024

Welcome to our first NHS Forth Valley Learning Bulletin, where you'll be introduced to the teams involved in supporting organisational learning within the board. Training and development opportunities will be shared via this bulletin and on our staff intranet pages. The bulletin will be produced quarterly, to share evidence of learning and improvement across our systems.

Read on to understand our services, what we do and how we can support growth, integration and learning.

Learning and improving through feedback to ensure the safe delivery of care is a pivotal responsibility for **all staff**. Coordination for learning and investigation is undertaken by the **Clinical Governance** and **Patient Relations** Teams.

Patients and staff can feedback their experiences in many ways, as detailed in the inner circle in the diagram below.

The outer circle depicts the teams available to support learning from feedback.

Together these process can elevate feedback relating to healthcare interactions into sustainable solutions to improve the delivery of safe and effective person centred care.

What we do

Patient relations are one branch of the Person Centred Care Directorate. They are responsible to coordinating responses to complaints, compliments and feedback from patients and communities.

Person centred care is a healthcare approach that prioritises the individual's needs, preferences and values. This approach involves understanding the unique circumstances of each patient and involves them in decision-making regarding their treatment. It focuses on treating the person, not the disease, and encourages collaboration between healthcare providers, patients, and their families. The aim of

person centred care is to improve the quality of care, enhance patient satisfaction and improve health outcomes.

By adopting a whole systems approach to person centred care and learning through feedback, we can build sustainable healthcare solutions with people at the heart of design and decision making.

Clinical Governance

The Clinical Governance Team plays a key and integral role in supporting clinical governance across NHS Forth Valley and Health and Social Care Partnerships.

One of the key roles of our clinical governance team is facilitating Significant Adverse Event Reviews (SAERs). When conducting a SAER the primary focus is learning with the review focussing on systems not individuals.

The team use a human factors approach placing patients and families at the centre of the process. Once the review is complete the team will help support the clinical service to develop plans to ensure the recommendations are actioned and through our clinical governance processes share the learning.

Learning summaries reflect what happened, what went well, what could we improve and what we have learnt. Learning from SAERs improves the quality and safety of care where each SAER should be regarded as an opportunity to learn and improve our services.

Meet the team: The team below are all members of the corporate Clinical Governance Team within NHS Forth Valley and HSCPs. Gloria Tollerton is also a member of the Team and supports PGDs.

Andrew Murray
Medical Director

Lynda Bennie
Head of Clinical Governance

Olwyn Morrison
Clinical Governance Manager

Sharon Hamilton
Clinical Governance Manager

Carol Manning
Clinical Governance Manager

Ashley Calvert
Clinical Governanc Manager – Acute

Claire Warburton
Clinical Governance Coordinator

Sylvia Barclay
Clinical Governance Coordinator

Audrey Cockburn
PA to Head of Clinical Governance

Yasmin Ali
Clinical Governance & Quality Administrator

The team also facilitate Patient Safety Conversation Visits (PSCVs) which allow our FV Board Executive and Non-Executive leaders to visit areas across Forth Valley and have open and honest patient safety conversations with clinical staff and patients. The visits provide the opportunity for staff and patients to share their experience of the service, the challenges and good practice which helps support learning across the wider system.

Why learning matters

The teams are here to support patients and staff to improve experiences and to learn from what goes well and what doesn't.

In learning through feedback, we can support improvements in practice and enhance the quality of care provided by providing safe and effective solutions. By considering what we do, and how we do it, from a person centred perspective we can reduce inefficiencies in service provision and improve evidence based practice.

Recent Stories - Celebrating Success

One of the many roles of the patient experience team is to listen to patient stories to celebrate success and to learn. Ryan's story is a recent example of celebrating success following his interactions with the START team.

Complaints Handling

We universally understand what a 'complaint' is. The important aspect is what we do with them. The patient relations team ensure that investigation and learning takes place following complaints. Complaints can be made in person, over the phone, or in writing. The complaints process is governed by the Complaints Handling Process within NHS Scotland with further oversight and reviewed offered by the SPSO.

Submitting a complaint can be a daunting experience for service users, people are supported through this process by the patient relations team. To ensure that robust investigation takes place, input is required via responsible clinical teams to thoroughly review the care provision and provide a verbal or written response following receipt of a complaint.

To improve the learning taken from complaints, and to support with the investigation process, a new statement proforma will be utilised within NHS Forth Valley as of November 2023. The template asks staff members to consider what

went well within care provision and where necessary, what didn't. Learning and guidance to support the adoption of the new template can be offered via the patient relations team by contacting fv.complaints@nhs.scot .

Safeguard

Safeguard is a fully integrated Risk Management System providing Organisational, Departmental and Ward based statistics across all areas, plus detailed analysis and tracking of patient and staff involvement in events. Safeguard is the platform used within the organisation to report adverse events or risks.

Safeguard is made up of several modules including; adverse events, excellence reporting, complaints, litigation and risk management

Within one database, the Adverse Event module collects and reports trends on all types of adverse events including the following: Clinical and Non-Clinical Events; Adverse Outcomes; Accidents; Near Misses; Violence and Aggression; and all Health, Safety and Security Events involving Patients, Staff and the General Public.

The Adverse Event module is accessed via the intranet and is available to **all staff** to report an event.

Click here for further guidance

It is important that staff know what to report, here are some examples of the right things to report

- Slips, trips and falls
- Pressure Damage (see local reporting policies)
- Medication errors, or near misses
- Manual handling (injury, failure of a hoist)
- Unwanted physical contact or threat
- Loss of patient or person identifiable information
- Equipment or critical IT system failure
- Damage to property
- Theft of personal or NHS FV property
- Clinical events (patient absconding, wrong site surgery, missing instruments post-op)
- Death, amputation, dislocation, loss of sight, fractures
- Near misses

Additional Information and Signposting

A number of Turas modules are available for all staff relating to feedback and handling challenging conversations.

- Valuing feedback and complaints 1 : value of feedback
- Valuing feedback and complaints 2 : encouraging effective feedback ... and using it
- Valuing feedback and complaints 3 : complaints and feedback process
- Valuing feedback and complaints 4 : the value of apology
- Valuing feedback and complaints 5 : managing difficult behaviour

Information regarding the benefits of developing a learning organisation can be found via **The Healthcare Foundation**

Sample Case Studies

Moving forward, each learning bulletin will be focused on sharing the learning from adverse events and feedback offering the opportunity to share good safe and effective practice.

Learning summaries can be accessed at any time via the Clinical Governance landing page in staff net.

Who to contact

Head of Person Centred Care: Eilidh Gallagher
e: eilidh.gallagher@nhs.scot

Patient Relations : fv.complaints@nhs.scot

Head of Clinical Governance : Lynda Bennie
e: lynda.bennie@nhs.scot

Section 1: Receipt and timeframe	Best practice 1	Good practice 2	Sub-standard 3	Mark / N/A	Comments
1.1 Acknowledged	Acknowledged within 24 hours of receipt	Acknowledged within three working days	Acknowledged after three working days or not acknowledged		
1.2 Complaint details logged	Complaint accurately logged at the time of receipt. Completed entry includes details of complainant issue and outcome along with actions to address any problems identified	Complaint issue and name of complainant accurately logged along with outcome	Incomplete or inaccurate logging of any aspect of the complaint		
1.3 Complaints process explained (in writing or phone note)	Clear *and personalised* explanation of process, timescales and personnel involved	Clear explanation of process, timescales and personnel involved	Little or no explanation of process, timescales or personnel provided		
1.4 Consideration given to any equality, diversity or reasonable adjustment issues	Consideration clearly given to actual or possible adjustment issue and outcome recorded. Evidence of any appropriate adjustments being made and / or explanation given to complainant	Consideration given to actual or possible adjustment issue and record made of the outcome	No consideration given to an actual or possible equality or diversity issue		
1.5 Time taken	Within 20 days OR clear explanation of why not possible and completed within earliest possible timescale. Complainant and any staff involved updated at least once every 20 working days	Within 20 days or outwith 20 working days but explanation/updates provided	Outwith 20 days and no explanation for why not possible and / or evidence that it could have been completed sooner		

Section 2: Agreeing the complaint	Best practice 1	Good practice 2	Sub-standard 3	Mark / N/A	Comments
2.1 Consent	Appropriate consent obtained and clearly recorded (easily identified) in the file before any confidential information is shared	Appropriate consent obtained and recorded in the file before any confidential information is shared.	Consent not obtained or inadequately recorded		
2.2 Jurisdiction	Any limitation on the issues that can be considered clearly identified and explained to the complainant at the **earliest** opportunity and any alternative process clearly signposted	Limitations on issues that can be considered identified and explained to the complainant. Any alternative process clearly signposted	Limitations on issues that can be considered not identified and / or not explained to the complainant. Alternative routes not signposted		
2.3 Time bar	Time bar issues identified and evidence of consideration given on file. A detailed explanation and details of any right of appeal have been given to the complainant	Possible time bar issues identified and noted (to complainant as appropriate)	No consideration given to a possible / actual time bar issue		
2.4 Outcomes identified	Complainant asked for outcomes being sought. Expectations managed appropriately and	Complainant's desired outcomes noted and / or requested	No discussion of or reference to achievable outcomes		

	achievable outcomes discussed				
2.5 Expectation management	All issues or outcomes which cannot be dealt with / achieved are clearly identified and evidence of consideration given is held on file. A detailed explanation and details of any right of appeal have been given to the complainant	The key issues or outcomes which cannot be dealt with / achieved have been identified and explained. Details of any right of appeal given to the complainant	There is little or no mention or explanation for issues or outcomes which cannot be achieved or any right of appeal		
2.6 Personalised contacts	Contacts made according to identified wishes of complainant and in a personalised way – both verbally and in writing (if complainant wishes)	Contacts made according to identified wishes of complainant	Little or no attempt to identify or make contacts according to wishes of complainant		

Section 3: Investigation	Best practice 1	Good practice 2	Sub-standard 3	Mark / N/A	Comments
3.1 Evidence: Availability and accessibility	Evidence relied on in reaching a decision is clearly identified and recorded, and can be located easily, for example through an evidence index and cross referencing where appropriate	Evidence relied on in reaching a decision is contained in the file but requires searching	Evidence relied on in reaching a decision not clearly available or documented		
3.2 Evidence: Balance	Information has been gathered from the complainant / that supports the complainants views as well as from / on behalf of the organisation	The complainants views have been considered alongside the views of the organisation	Little or no attempt has been made to find information in support of differing views		
3.3 Evidence: Relevant standards	Any policy, guidance, law or other standard directly relevant to the service concerned has been clearly identified and taken into account	Some relevant policy, guidance, law or other standard has been identified and taken into account	Little or no reference has been made to relevant policy, guidance, law or other standard		
3.4 Evidence: Bias	The investigation is demonstrably free from any apparent or actual bias	There is no indication of actual or apparent bias in the investigation	There is evidence of a possible or actual bias (conscious or otherwise) in the investigation		

Section 4: Decision	Best practice 1	Good practice 2	Sub-standard 3	Mark / N/A	Comments
4.1 Tone of explanation Is the explanation customer focussed? Does it show understanding of the impact of the issues on the complainant? (irrespective of whether 'fault' identified)	Demonstrates understanding of the impact of each issue on the complainant. Uses a personalised approach. Explains agreement and disagreement with the complainant with equal clarity	Makes some attempt to acknowledge feelings and impact but uses clichés or standard phrases rather than personalised approach	No attempt to reflect the views of the complainant and may even seek to direct blame at them for this or other issues		
4.2 Clear and logical explanation	The document structure clearly highlights relevant information relied on in making the decision and uses this to explain the conclusions reached	All information relevant to the decision is included in the document with a broad link to the conclusions reached	Little or limited information relevant to the decision is included and a broad link made to the decision reached		
4.3 Breadth of explanation	Every issue raised (including those already dealt with) is clearly identified	The main substantive issues are identified	Some issues are responded to but there is a lack of clarity in the structure and / or incomplete coverage of the main points raised		
4.4 Quality of explanation	Every issue raised is clearly responded to here or reference made to information provided in previous communications for	The main substantive issues raised are clearly responded to	Limited responses to the issues raised		

	example telephone calls or meetings				
4.5 Decision Is it clear what decision has been reached?	Decisions are clearly identifiable and identified as such within the document even when reading quickly	Decisions are clear when the document is read in detail (slowly and carefully)	Decisions are not clear		
4.6 Accuracy	100% accuracy of dates, references, spelling, grammar	No substantial errors. (A substantial error is one which impacts on the accuracy of the explanation or is on a point of sensitivity for example spelling of a name, key date)	One or more substantial errors. (A substantial error is one which impacts on the accuracy of the explanation or is on a point of sensitivity for example spelling of a name, key date)		
4.7 Use of language	Uses plain English throughout. All technical terms are clearly explained and used only as necessary. Personalised approach with no unnecessary use of standard phrases. Tone and approach of the document are appropriate to the complainant's communication style and preferences	Uses mainly plain English. Key technical terms are explained. Personalised approach. Tone and approach of the document are appropriate to the complainant's communication style and preferences	Little or no use of plain English. Technical terms are used without explanation. OR No personalised approach. OR Unnecessary use of standard phrases. OR Tone and approach of the document not appropriate to the complainant's communication style and preferences		

4.8 Apology (if applicable)	The apology is clear, personalised and comprehensive. It avoids clichés, attributing blame or making excuses (no 'if's no 'but's!). It is linked to the action plan or offers an explanation as to why further remedy is not possible	There is a clear original apology for the problems identified. It avoids clichés, attributing blame or making excuses (no 'if's no 'buts!)	There is an apology but this relies on standard phrases and / or attributes blame to the complainant (I am sorry 'if' you felt…) or makes excuses (I am sorry 'but'…). OR There is no apology for errors identified		
4.9 Next steps	Clear and complete reference to the next steps (internal and external) open to the complainant on every aspect of their complaint. Clear indications of where there are no further steps available and why	Reference to the next steps open to the complainant (internal and external) on every aspect of their complaint is present within the document	Limited, inaccurate or no reference to further steps open to the complainant		

Section 5: Learning	Best practice 1	Good practice 2	Sub-standard 3	Mark / N/A	Comments
5.1 Action taken to address problems for the future and prevent possible reoccurrence or escalation of problems	Action plan on file. Evidence of follow-up and completion (if appropriate). Evidence of wider learning. Evidence of feedback to complainant	Action plan on file and evidence of action to complete	Action plan on file but no follow-up to check completion OR no Action plan where there is indication of further action being needed		
Section 6: File management	**Best practice 1**	**Good practice 2**	**Sub-standard 3**	**Mark / N/A**	**Comments**
6.1 Case file	All relevant documents are on file or clearly linked directly from the file. Documents appropriately numbered and dated. No drafts or personal notes / post-its left in the file. No unnecessary duplication or irrelevant / unrelated documents on file	All relevant documents are on file or clearly linked directly from the file. No drafts or personal notes / post-its left in the file	Limited documentation on file or referred to. Drafts or personal notes left on file and / or file contains information relating to other (unconnected) matters		

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

16a. Whistleblowing Standards and Activity Report
For Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director / Executive Lead; Mr Gordon Johnston, Whistleblowing Champion/Non-executive Director

Author: Ms Claire Peacock, PA to Executive Nurse Director / Whistleblowing Liaison Officer

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Executive Summary

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, and which meet the definition of a 'whistleblowing concern'.

The standards are applicable across **all NHS services** and are accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current and former employees, bank and agency workers, contractors, including third sector providers, trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

The National Whistleblowing Standards and Once for Scotland Whistleblowing Policy were introduced on 1 April 2021, and it is a requirement of the Standards to report Whistleblowing Performance to the NHS Board on a quarterly and an annual basis.

This paper is presented to the NHS Forth Valley Board to provide an update on Whistleblowing activity in NHS Forth Valley during Quarters 3 and 4, (Q3) Oct-Dec 2023 and (Q4) Jan-Mar 2024.

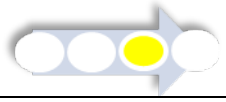
Recommendation

The NHS Board is asked to:

- **note** Whistleblowing performance in NHS Forth Valley during Q3 and Q4 2023/24
- **note** Whistleblowing Annual Report 2023/24

Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A reasonable assurance level is proposed on the basis that NHS Forth Valley has appropriate procedures in place for raising a concern under the national Whistleblowing Standards.

Key Issues to be Considered

1. Purpose of the Paper

1.1 This paper is presented to the NHS Board to provide an update on the Whistleblowing Performance in NHS Forth Valley during Q3 and Q4 2023/24

2. Position

2.1 The whistleblowing infrastructure has been significantly strengthened as a direct result of staff using the process. The infrastructure includes administrative support for the processes, an increase in confidential contacts which improves access for concerned staff to advice, support and guidance. Furthermore the whistleblowing investigations have also been enhanced with an increase in the number of lead investigators which will continue to strengthen over time.

2.2 The Whistleblowing Network meets bi-monthly and gives opportunities for all involved to share learning from the process of whistleblowing, particularly in relation to strengthening the processes, communication with reporters, the process of investigation, as well as the organisational learning from whistleblowing investigations.

2.3 The whistleblowing arrangements continue to evolve and strengthen using a continuous improvement approach. We have encouraged feedback from reporters to understand their experience of using the processes and to ensure we strengthen any areas identified. As previously reported as a result of this feedback, we have strengthened our processes across a number of areas with the aim of strengthening the governance, providing assurance to the Board and providing a confidence in the whistleblowing processes for reporters within NHS Forth Valley.

2.4 NHS Forth Valley have updated the intranet page relating to Whistleblowing to inform the organisation of the details and profiles of the confidential contacts. This is designed to support people with concerns, giving them the opportunity to approach a confidential contact as early as they need to ensure the right level of support is available to them at the time of their concerns, with the intention to support early intervention, visibility of staff who are providing this support and confidence in the Board's commitment to the whistleblowing process.

2.5 Furthermore, work continues to raise awareness of the TURAS training modules and in particular the line/senior manager training to ensure staff are undertaking the training most appropriate to their role. There continues to be a focussed approach in this area.

3. Whistleblowing Performance

3.1 The format of this section of the report reflects the Scottish Government's mandate to capture performance of the board against the 9 key performance indicators.

3.2 Work continues to capture and report performance against the KPI's using the performance management system Pentana.

Whistleblowing Key Performance Indicators Rag Status

The table (1) below provides a summary of each of the Key Performance Indicators. Progress on each of the indicators is provided throughout the report.

Table 1 – Key Performance Indicators

KPI	Measure
KPI 1	Learning from Whistleblowing Concerns
KPI 2	Whistleblowing Procedure Experience
KPI 3	Self Awareness & Training
KPI 4	Total Number of Concerns Received
KPI 5	Concerns Closed at Each Stage
KPI 6	Concerns Upheld or Not Upheld
KPI 7	Average Times
KPI 8	Closed in full within the timescales
KPI 9	Number of Cases where an extension is authorised

Key Performance Indicator One: Learning from Whistleblowing Concerns

The indicator requires NHS Forth Valley to demonstrate any changes or improvements to services or procedures as a result of a Whistleblowing concern.

The process for organisational learning from whistleblowing concerns is led through the whistleblowing network, this continues to be an area of development to ensure organisational, and not just individual service, learning takes place.

As described earlier in the report the Whistleblowing Network gives an opportunity for all involved to share learning from the process and provide an ability to demonstrate improvements as a result.

Work continues in relation to organisational learning from whistleblowing, this is being aligned with the work across the system looking at learning from complaints and SAERs, to ensure organisational learning is robust. This is currently an ongoing focussed piece of work.

The table below demonstrates some of the key themes, actions and learning identified from the Whistleblowing cases in NHS Forth Valley:

Table 2

Themes	Actions	Learning
Operational Governance	Review of Operational Structures	Blueprint for Governance implemented
Culture	Undertake an Independent Culture Check	Work undertaken to identify requirements for Culture check out with the current organisational compassionate leadership programme. Utilisation of the caring and compassionate leadership findings to support changes in the service.
Leadership	Mechanisms to be instilled to observe leadership over short, medium and long-term to ensure improvement	Infrastructure of a leadership approach adopted to define future leadership delivery.
Speaking Up	Ensure raising concerns is supported and encouraged	Feedback actively encouraged and creating a culture where concerns can be raised without recriminations. Mechanisms for engagement to encourage feedback being refined.
Decision Making	Ensure managerial decisions are fair and follow a transparent process that is understood by staff	Regular engagement with staff and process for updates on changes/decisions across the area developed and in place.

<u>Independent National Whistleblowing Officer (INWO)</u>

If a colleague remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Independent National Whistleblowing Officer (INWO) to request an investigation into their complaint. The INWO is the final opportunity for the colleague in the NHS Whistleblowing Procedure and offers an independent view on whether the NHS has reasonably responded to a Whistleblowing concern.

The INWO has received a total of 5 cases relating to NHS Forth Valley Whistleblowing concerns. NHS Forth Valley have provided additional information which will inform the INWO's decision on whether a full investigation is undertaken in relation to these cases.

Table 3 Provides detail of the outcomes overall from the INWO's investigations:

2023/24 INWO Outcomes	Total Number
Fully Upheld	2
Partly Upheld	0
Not Upheld	0
No Investigation Conducted	0
Withdrawn	0

It is recognised the opportunity that the feedback from the INWO provides Forth Valley, the opportunity to further refine processes, to learn from the experience of reporters and also to strengthen these processes going forward. The areas which have been upheld relate to the communication with the reporter in the final outcome letter and this has subsequently been developed to ensure this is improved going forward.

Key Performance Indicator Two: Whistleblowing Procedure Experience

The Whistleblowing Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process.

Any individual wishing to have concerns considered under the Whistleblowing procedure is supported and followed up by the confidential contacts. We also encourage feedback from reporters to understand their experience of using the processes and to ensure we strengthen any areas identified. As a result of feedback, we have strengthened our processes in relation to letters of communication with reporters, agreeing the scope and range of the investigation prior to commencement, as well as communication with other staff involved in whistleblowing investigations with a purpose of providing a confidence in the whistleblowing processes for all involved within NHS Forth Valley.

Key Performance Indicator Three: Self Awareness and Training

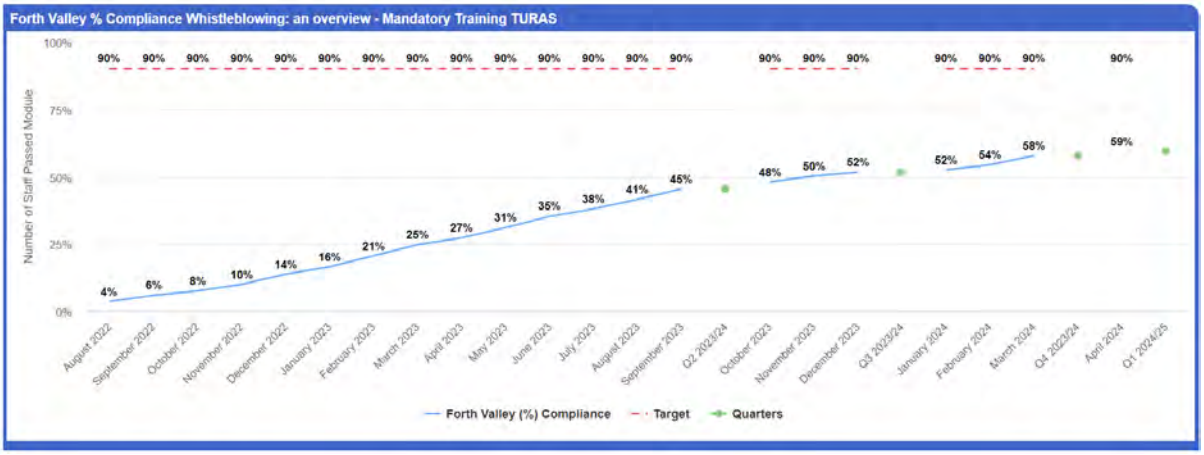
There is a requirement to report on levels of staff perceptions and awareness of training. As part of the Whistleblowing Standards there is requirement for staff to complete the training developed by the INWO. Whistleblowing training reports are now accessible from TURAS which in turn supports the developments of training arrangements.

Table 4 - provides an overview of numbers of staff who have completed the Whistleblowing Overview training to date, this equates to 59% of the organisation against a target of 90%:

Whistleblowing Training	**Completed Numbers**	**Eligible**
All Staff "Overall"	3997	6664

The graph below gives the overall percentage of compliance of staff who have completed the training to date and demonstrates an increase since the last reporting period.

Graph 1 – An Overview

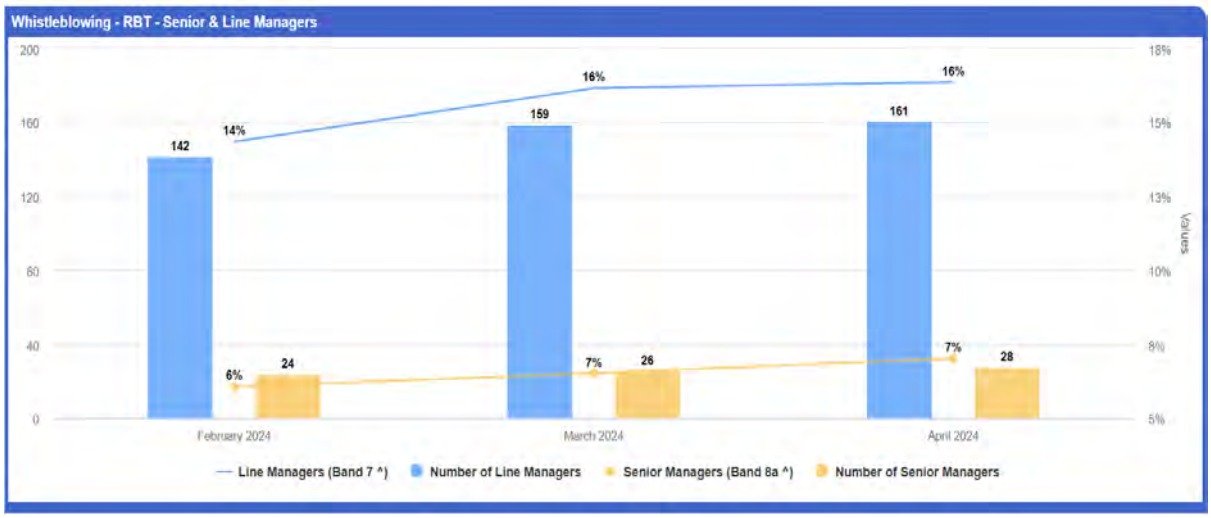


It was recognised that there was a need to give further attention to the Senior/Line managers training to ensure staff were undertaking the training most appropriate to their role. Although the level anticipated has not been reached, there has been an increase in numbers and there continues to be a focussed approach in this area.

A trajectory was shared with Directors and Senior Staff and followed up on a monthly basis. In addition, the training modules are promoted widely across the organisation. This will remain a focus of the senior leaders across the organisation.

The graph below demonstrates an increase in the line/senior manager training, however this requires continued focus and improvement.

Graph 2 – Senior/Line Managers



Key Performance Indicator Four: Total number of Concerns Received

During Q3/4 there were two cases received and investigated under Stage 2 of the Whistleblowing procedure.

NHS Forth Valley have investigated a total of 18 concerns. This includes 6 under Stage 1 and 12 under Stage 2 of the Whistleblowing Procedure.

Graph 2 – Overall number of concerns received to date:

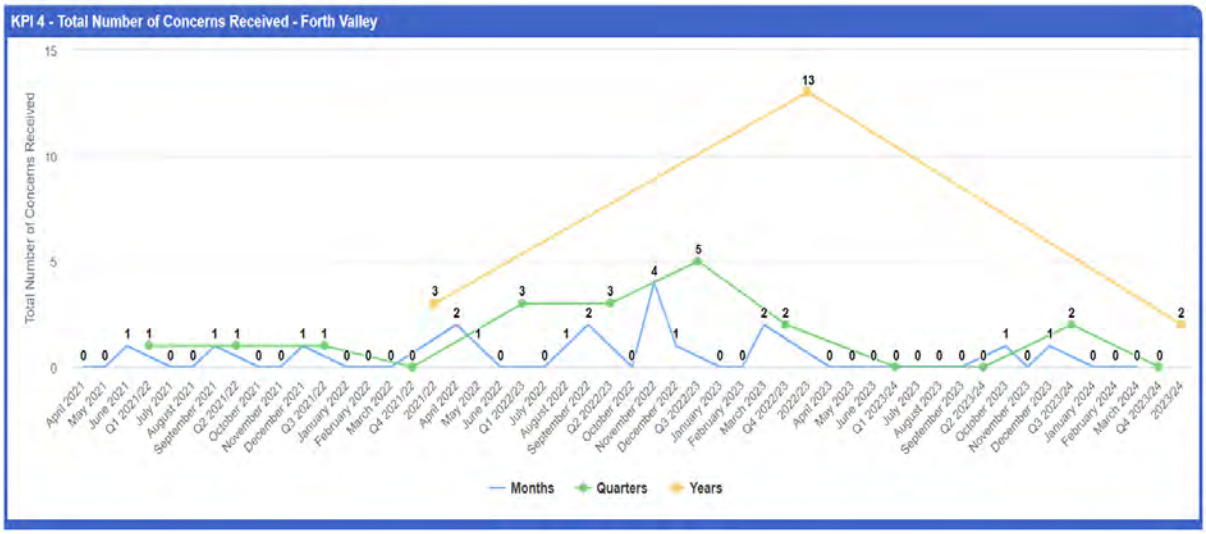


Table 5 – A breakdown of areas and total number of concerns received and investigated at each stage of the procedure:

	Stage 1	Closed	Stage 2	Closed
Acute	2	2	2	2
Corporate	0	0	3	3
Community	0	0	1	1
Mental Health/Learning Disabilities/Prisons	3	3	2	2
Women & Children	0	0	3	3
HSCP	0	0	0	0
Estates & Facilities	1	1	1	1

It may be worth noting that there have been occasions where individuals have raised concerns collectively. A breakdown of the number of reporters is provided below:

Table 6

Area	Number of reporters raising concerns
Women & Children's Directorate	4
Mental Health	6
Mental Health	3

Key Performance Indicator Five: Concerns Closed at Each Stage

During this reporting period there were two cases received and managed under Stage 2 of the procedure.

Table 7 - Provides the total number of concerns closed during each quarter of 2023/24

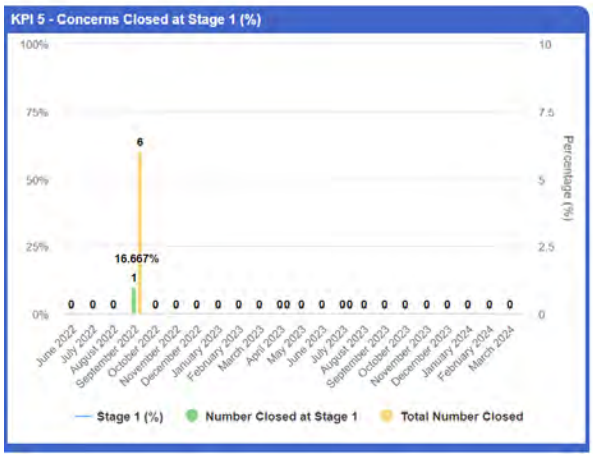
	Q1 23/24	Q2 23/24	Q3 23/24	Q4 23/24	Total
Total Number of concerns closed	0	0	1	1	**2**
Stage 1 (5 days)	0	0	0	0	**0**
Stage 2 (20 days)	0	0	1	1	**2**

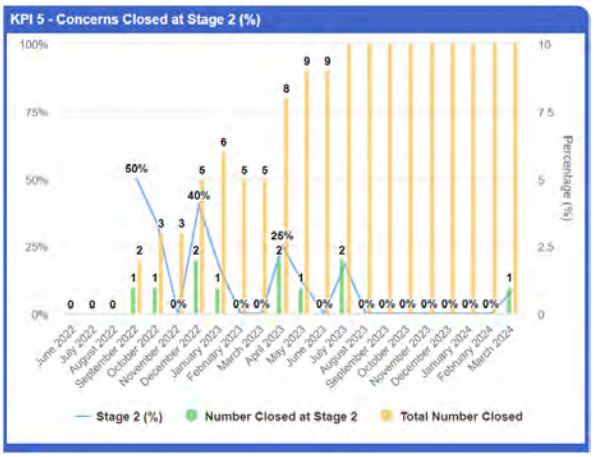
A total number of 18 concerns have been received since April 2021. This includes 6 under Stage 1 and 12 under Stage 2 of the Whistleblowing Procedure.

Table 8 - Provides the total number of concerns closed to date

	Total No.	Closed
Stage 1	6	6
Stage 2	12	12

Graph 3 Total number of concerns closed at Stage 1 and Stage 2 of the Whistleblowing Procedure as a percentage of all concerns closed:





Key Performance Indicator Six: Concerns Upheld and Not Upheld

To meet the requirements of Indicator Six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 concerns is provided below.

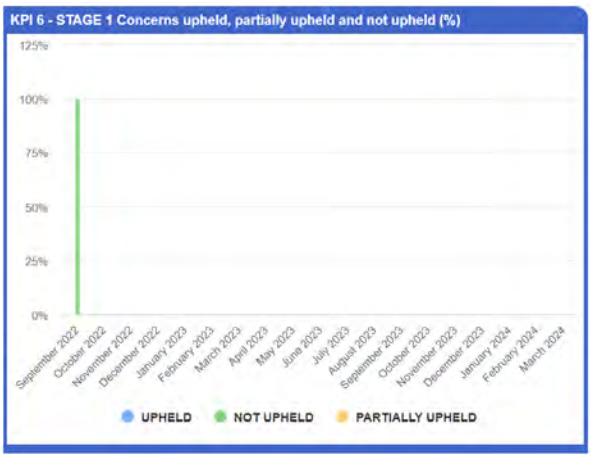
During this reporting period there were two cases partially upheld against Stage 2.

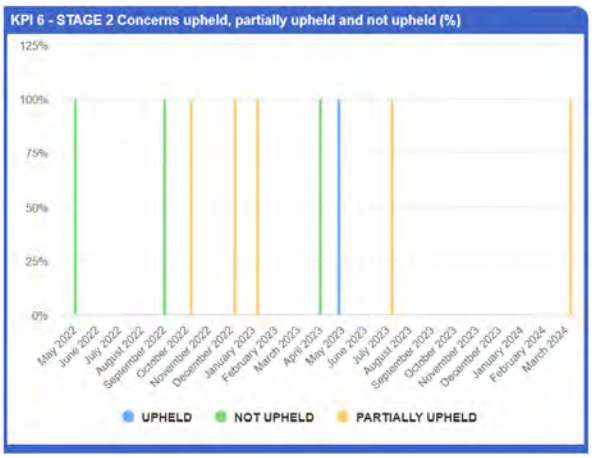
The table below provides a total breakdown of the formal outcome against Stage 1 and Stage 2 concerns:

Table 9

	Stage 1	Stage 2
Upheld	0	1
Not Upheld	4	4
Partially Upheld	2	7

Graph 4 Concerns upheld, partially upheld and not upheld at each stage of the Whistleblowing Procedure as a percentage (%) of all concerns closed at each stage:



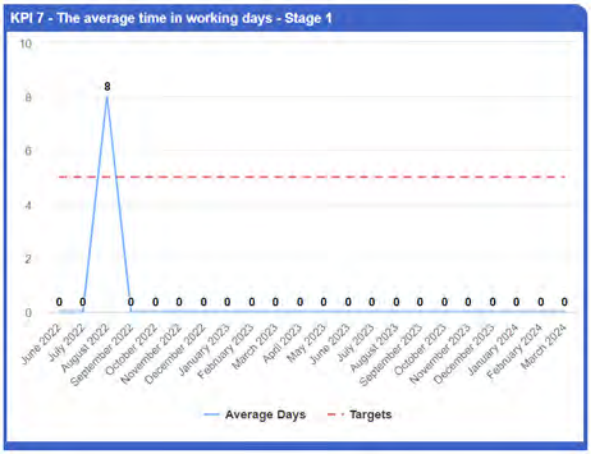


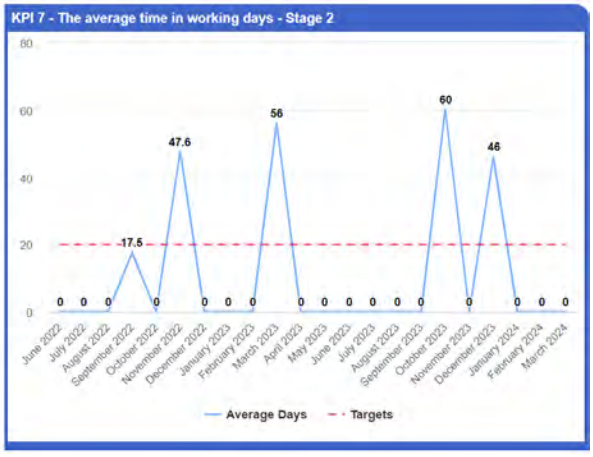
Key Performance Indicator Seven: Average Times

A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage.

A detailed breakdown of the total average time in working days for a full response to concerns at each stage of the Whistleblowing Procedure is demonstrated in the graph below:

Graph 5 – Total average times in working days





It has been recognised that the timeframes for the average time in working days for a full response is concerning, however this is often due to the complexity of the concerns and the level of investigation required.

As previously reported the increase in numbers of lead Investigators should improve this area, and this will continue to be monitored as part of the process.

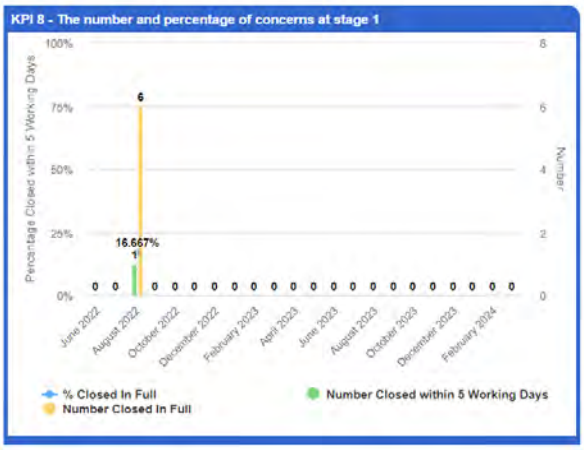
Key Performance Indicator Eight: Closed in Full within the Timescales

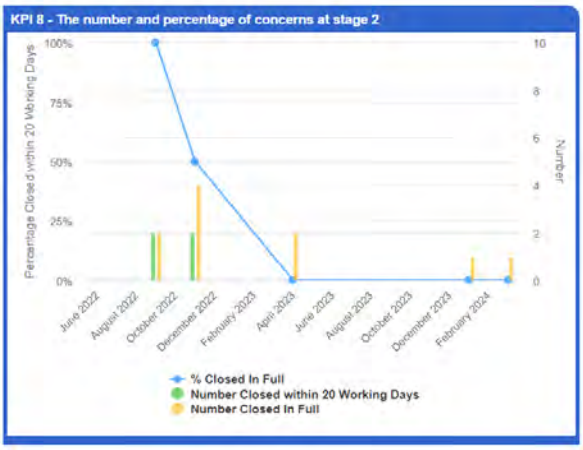
During this reporting period there were 0 concerns closed within the expected timescales. It is worthwhile noting that timescales for completion may not always be met due to the nature and complexity of the concerns. This area will continue to be monitored for improvement.

Table 10 – provides the total number of concerns closed within timescale for each Stage of the procedure:

	Closed within timescale
Stage 1 (5 working days)	4
Stage 2 (20 working days)	3

Graph 6 Total number of concerns closed in full within the timescale:





Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

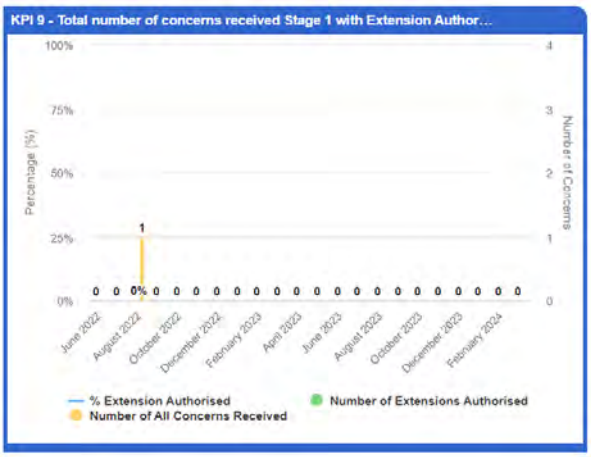
It is important that we respond to concerns timeously however not all investigations will be able to meet this deadline. The Whistleblowing Procedure allows an extension where it is necessary to complete the investigation.

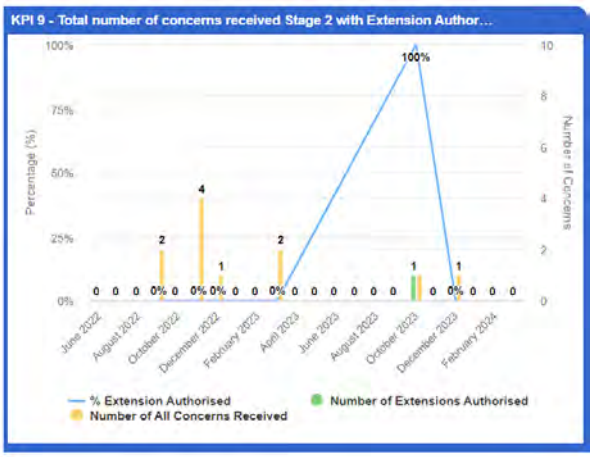
There has been a particular focus on improvement around governance of extensions to investigations. As previously reported the Executive Lead has developed a system to monitor investigations with weekly check in with the investigator, by the administrator, to ensure progress and to alert to any challenges that require escalation. Furthermore, significant work has been undertaken to strengthen the processes and this includes regular updates on progress and authorisation of extensions to timescales.

During this reporting period there was 1 Stage 2 with an extension authorised.

The graph below demonstrates how this data will be displayed in the future.

Graph 7 – total number of cases where an extension is authorised.





4. Conclusion

4.1 The introduction of the Independent National Whistleblowing Standards aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing, putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS and continues to be a key priority in NHS Forth Valley.

4.2 NHS Forth Valley strive to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing arrangements.

4.3 The whistleblowing arrangements continue to evolve and strengthen using a continuous improvement approach and we continue to strengthen the Whistleblowing processes based on feedback from reporters.

Financial Implications
No major impact other than the potential post noted in Workforce Implications below, and in addition a one-off cost of £4K and a recurring cost of approximately £300 per annum to support the further development of an additional incident page on safeguard to data capture the Whistleblowing process.

Workforce Implications
An interim model of corporate support was initially agreed for the implementation of the standards and ongoing co-ordination of the Whistleblowing process. This post continues to be supported within the NMAHP directorate.

Infrastructure Implications including Digital
None

Sustainability Implications
None

Sustainability Declaration
None

Quality / Patient Care Implications
Whistleblowing is viewed by NHS Forth Valley as an important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity. If the opportunity to investigate and address these concerns does not result in improvements then there is a potential risk to the quality, safety and experience of patients.

Information Governance Implications
Information must be handled in a confidential and sensitive manner. A breach of information handling could lead to organisational failings or potential personal detriment towards the reporter.

Risk Assessment / Management
Effective whistleblowing processes can act as both detective and preventative risk management controls to support the organisation and its staff.

NHS Forth Valley promote the use of Business-as-Usual reporting for all areas of concern, however where these have been exhausted, or are felt by the reporter to be closed to them, then Whistleblowing routes should be used.

There is also a public confidence and reputational risk if whistleblowing standards are not fully implemented and visible across the organisation.

Risks to the wellbeing and psychological safety of staff may emerge if NHS FV Senior Leaders are not committed to the process of investigating and learning from any concerns and issues raised by staff.

Relevance to Strategic Priorities
The introduction of the Independent National Whistleblowing Officer Service aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of openness, and speaking up in the NHS, which is a key priority for NHS Forth Valley.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

☒ Screening completed - no discrimination noted

Communication, involvement, engagement and consultation
This paper has been developed and considered to date by the following groups. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Staff Governance Committee

Additional Information
None

Appendices
None

NHS Forth Valley Whistleblowing Annual Report 2023/24

Author: Claire Peacock, Whistleblowing Liaison Officer
Date: April 2024
Draft

Executive Summary

The National Whistleblowing Standards and Once for Scotland Whistleblowing Policy were introduced on 1 April 2021.

Whistleblowing is viewed by NHS Forth Valley as a very important source of information that may highlight serious risks to the effectiveness and efficiency of the organisation, with individuals often being best placed to identify deficiencies and problems at the earliest opportunity.

NHS Forth Valley continues to promote a culture of speaking up and this remains a key priority. We aim to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing procedure.

Introduction

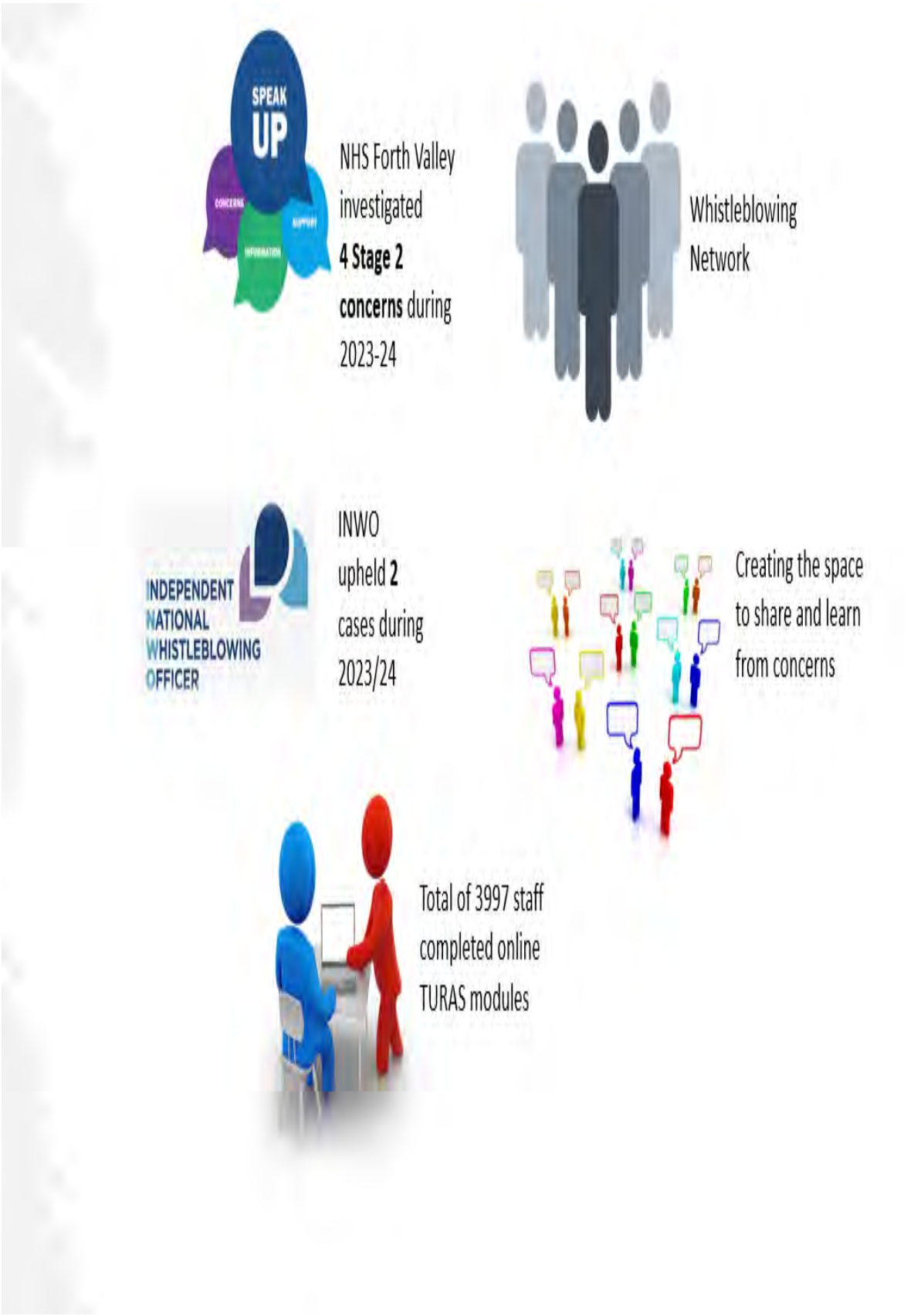
Whistleblowing is defined in the Public Services Reform (the Scottish Public Services Ombudsman) (Healthcare Whistleblowing) Order 2020 as: *"when a person who delivers services or used to deliver services on behalf of a health service body, family health service provider or independent provider (as defined in section 23 of the Scottish Public Services Ombudsman Act 2020) raises a concern that relates to speaking up, in the public interest, about an NHS service, where an act or omission has created, or may create, a risk of harm or wrong doing"*

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS service providers to handle concerns that are raised with them, and which meet the definition of a 'whistleblowing concern'.

The standards are applicable across all NHS services and are accessible to anyone working to deliver an NHS service, whether directly or indirectly. This includes current and former employees, bank and agency workers, contractors, including third sector providers, trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as those in health and social care partnerships.

It is a requirement of the Standards to report Whistleblowing Performance to the NHS Board on a quarterly and annual basis. The NHS Forth Valley Board has been receiving quarterly updates since March 2021.

At a glance



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Whistleblowing NHS Forth Valley

The introduction of the Independent National Whistleblowing Standards aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing, putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS and continues to be a key priority in NHS Forth Valley.

We understand that there will be staff that have concerns about what is happening at work. Usually these are easily resolved. However, when the concern feels serious because it is about a possible danger, professional misconduct or financial malpractice that might affect patients, colleagues, or NHS Forth Valley itself, it can be difficult to know what to do.

Staff may be worried about raising such an issue and may think it best to keep it to themselves, perhaps feeling it is none of their business or that it is only a suspicion. Staff may also feel that raising the matter would be disloyal to colleagues, to managers or to the Board. It may also be the case that a member of staff has said something but found that they have spoken to the wrong person or raised the issue in the wrong way and are not sure what to do next.

NHS Forth Valley is committed to running the organisation in the best way possible and follows the revised national whistleblowing standards introduced across NHS Scotland. We strive to ensure that staff feel safe, supported, and have confidence in the fairness of the process whilst raising their concerns under the whistleblowing arrangements.

NHS Forth Valley Infrastructure

The whistleblowing arrangements continue to evolve and strengthen using a continuous improvement approach. We have encouraged feedback from reporters to understand their experience of using the processes and to ensure we strengthen any areas identified. As a result of this feedback, we have strengthened our processes in relation to letters of communication with reporters, agreeing the scope and range of the investigation prior to commencement, as well as communication with other staff involved in whistleblowing investigations, with the sole purpose of strengthening the governance, providing assurance to the Board and providing a confidence in the whistleblowing processes for reporters within NHS Forth Valley.

The whistleblowing infrastructure has been significantly strengthened as a direct result of staff using the process. The infrastructure includes administrative support for the processes, and an increase in confidential contacts, which improves access for concerned staff to advice, support and guidance. The whistleblowing investigations have also been enhanced with an increase in the number of lead investigators which will continue to strengthen overtime.

Confidential Contacts

During 2023 NHS Forth Valley expanded the number of Confidential Contacts across the organisation. The Confidential Contacts have the knowledge and skills to help and support employees to raise concerns. They provide wider support, guidance and advice on the Whistleblowing Procedure and a safe space for anyone to discuss their concerns.

The Role of the Confidential Contact

The role of Confidential Contacts within NHS Forth Valley is to provide informal signposting and support to staff who have concerns that they wish to raise and believe this is a whistleblowing concern.

They provide a listening ear, information about the whistleblowing policy and procedures, and signposting to other more formal sources of support such as the wellbeing resources or staff side representatives.

The Confidential Contacts have received training to enable them to support staff appropriately, in order that they know the possible ways forward and are able to outline options without telling the member of staff what to do or making a decision for them. Confidential Contacts will not make judgements about anyone who accesses them.

Maintaining confidentiality

The nature and content of discussions with a confidential contact are private and personal to the member of staff and as such will not be discussed with anyone else, without the express permission of the individual involved.

There are, however, limits to this confidentiality, for example if the member of staff or others are being subjected to unlawful behaviours or harm, the Confidential Contact has a duty of care to report this.

NHS Forth Valley's local website relating to Whistleblowing was updated to inform the organisation of the details and profiles of the confidential contacts. This was designed to support people with concerns, giving them the opportunity to approach a confidential contact as early as they need to ensure the right level of support is available to them at the time of their concerns with the intention to support early intervention, and visibility of staff who are providing this support and confidence in the Board's commitment to the whistleblowing process.

Whistleblowing Network

The Executive Lead for Whistleblowing established a Whistleblowing Network which meets bi-monthly and gives opportunities for all involved to share learning from the process of whistleblowing, particularly in relation to strengthening the processes, communication with reporters, the process of investigation, as well as the organisational learning from whistleblowing investigations.

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Date: April 2024
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In October 2023 the Executive Lead, supported by the Whistleblowing Champion planned a training day for NHS Forth Valley's Confidential Contacts and Lead Investigators, the training included a combination of whistleblowing scenarios and a dedicated session on courageous conversations. Further training is planned during 2024 and as the process evolves there is an opportunity to share and learn from experiences.

NHS Forth Valley
Whistleblowing
Confidential Contacts Training

Furthermore, as part of the Whistleblowing arrangements a review of the Whistleblowing standard templates was undertaken. The purpose was to give those involved in the process an opportunity to review and provide feedback based on their experiences and involvement in the process. The templates were reviewed and updated to reflect feedback and have been approved by the Executive Lead and Whistleblowing Champion of the Board.

Whistleblowing Training

Whistleblowing training is for anybody who provides services on behalf of the NHS in Scotland, including students, contractors and volunteers.

The modules have been designed to provide training on the National Whistleblowing Standards (the Standards) and the role of the Independent National Whistleblowing Officer (INWO).

The modules have been provided by the INWO and are set out in 3 different learning programmes:

Whistleblowing: an overview	People who need an overview of the Standards.
Whistleblowing: for line managers	People who are line managers or work in a similar role, who are likely to receive concerns from colleagues in their day-to-day work.
Whistleblowing: for senior managers	Senior managers who are involved with not only receiving concerns, but also investigating, responding to, and reporting on whistleblowing concerns to the board.

Work continues to raise awareness of the TURAS training modules and in particular the line/senior manager training to ensure staff are undertaking the training most appropriate to their role. The training modules are promoted widely across the organisation and there continues to be a focussed approach in this area. Further elements of the whistleblowing training performance is detailed within the report.

Independent National Whistleblowing Officer (INWO)

The INWO will investigate complaints and, where needed, recommend action for the NHS organisation to take. In addition to complaints, the INWO has a national leadership role providing support and guidance to NHS organisations, focusing on appropriate early resolution, and good practice in whistleblowing handling, recording, reporting, learning and improvement. The ultimate aim is to ensure that patients received a good, safe service from a well-run NHS in Scotland.

The INWO is the **final stage of the process** for those raising concerns.
The INWO can consider complaints about:

- Any actions taken by your organisation in response to your concerns
- Whether your organisation followed the process laid out in the Standards
- How you were treated during and after you raised a concern
- How the organisation supports a culture of speaking up

The INWO is able to investigate complaints and, if appropriate, carry out an external review to come to a decision. If individuals are unhappy with a decision on their complaint, they will have an opportunity to provide comments and express why you feel the decision is not correct.

More information about the Independent Whistleblowing Officer and their role can be found on the INWO website.

national advice line free on 0800 008 6112 *(from 9am-1pm on Mondays, Wednesdays and Fridays, and from 12-4pm on Tuesdays and Thursdays)* or **via email** inwo@spso.gov.scot.

Whistleblowing Performance

Whistleblowing Activity is presented to the NHS Board to reflect the Scottish Government's mandate to capture performance of the Board against the 9 Key Performance Indicators as outlined in the Whistleblowing Procedure and below:

KPI	Measure
KPI 1	Learning from Whistleblowing Concerns
KPI 2	Whistleblowing Procedure Experience
KPI 3	Self-Awareness & Training
KPI 4	Total Number of Concerns Received
KPI 5	Concerns Closed at Each Stage
KPI 6	Concerns Upheld or Not Upheld
KPI 7	Average Times
KPI 8	Closed in full within the timescales
KPI 9	Number of Cases where an extension is authorised

Performance across the key indicators is presented to the Board on a quarterly basis as per the requirement of the standards.

The information provided below provides an overview of the annual performance for 2023-24 across NHS Forth Valley against each of the Key Performance Indicators.

Key Performance Indicator One: Learning from Whistleblowing Concerns

The indicator requires NHS Forth Valley to demonstrate any changes or improvements to services or procedures as a result of a Whistleblowing concern.

The process for organisational learning from whistleblowing concerns is led through the whistleblowing network, this continues to be an area of development to ensure organisational, and not just individual service, learning takes place.

As described earlier in the report the Whistleblowing Network gives an opportunity for all involved to share learning from the process and provide an ability to demonstrate improvements as a result.

Work continues in relation to organisational learning from whistleblowing, this is being aligned with the work across the system looking at learning from complaints and SAERs, to ensure organisational learning is robust. This is currently a focussed piece of work.

The table below demonstrates some of the key themes, actions and learning identified from the Whistleblowing cases in NHS Forth Valley:

Table 1

Themes	Actions	Learning
Operational Governance	Review of Operational Structures	Blueprint for Governance implemented
Culture	Undertake an Independent Culture Check	Work undertaken to identify requirements for Culture check out with the current organisational compassionate leadership programme. Utilisation of the caring and compassionate leadership findings to support changes in the service.
Leadership	Mechanisms to be instilled to observe leadership over short, medium and long-term to ensure improvement	Infrastructure of a leadership approach adopted to ascertain future leadership.
Speaking Up	Ensure raising concerns is supported and encouraged	Feedback actively encouraged and creating a culture where concerns can be raised without recriminations.
Decision Making	Ensure managerial decisions are fair and follow a transparent process that is understood by staff	Regular engagement with staff and process for updates on changes/decisions across the area developed and in place.

<u>Independent National Whistleblowing Officer (INWO)</u>

As described above, if a colleague remains unhappy with the response received from NHS Forth Valley, they have the right to contact the Independent National Whistleblowing Officer (INWO) to request an investigation into their complaint. The INWO is the final opportunity for the colleague in the NHS Whistleblowing Procedure and offers an independent view on whether the NHS has reasonably responded to a Whistleblowing concern.

The INWO has received a total of 5 cases relating to concerns that have been investigated under Stage 2 of NHS Forth Valley's procedure. NHS Forth Valley have provided additional information which inform the INWO's decision on whether a full investigation is undertaken in relation to these cases.

During 2023/24 two of these cases were investigated and upheld by the INWO. The decision was to uphold on the basis of the Boards failing to handle the concerns in line with the standards.

INWO Published Reports

September 2023 Forth Valley NHS Board | INWO (spso.org.uk)

March 2024 Forth Valley NHS Board | INWO (spso.org.uk)

NHS Forth Valley values any feedback from the INWO and reporters to improve the process and experience for future cases.

Key Performance Indicator Two: Whistleblowing Procedure Experience

The Whistleblowing Procedure requires NHS Forth Valley to gather feedback from the person making the complaint regarding their experience of the process.

Currently any individual wishing to have concerns considered under the Whistleblowing procedure is supported and followed up by the confidential contacts. A feedback mechanism has been built into the arrangements to seek feedback from reporters on the use of the process which will allow us to further develop and strengthen our local processes.

The confidential contacts have taken on board feedback from initial cases to improve the communication with reporters during investigations. This includes the offer of regular contact with the confidential contacts throughout and after the handling of the concerns.

Key Performance Indicator Three: Self Awareness and Training

There is a requirement to report on levels of staff perceptions and awareness of training. As part of the Whistleblowing Standards there is necessity for staff to complete the training developed by the INWO.

Whistleblowing training was made mandatory across NHS Forth Valley in August 2022 and reports are now accessible from TURAS which further supports the developments of training arrangements.

Graph 1 overall percentage of compliance of staff who have completed the training to date and demonstrates an increase month on month.

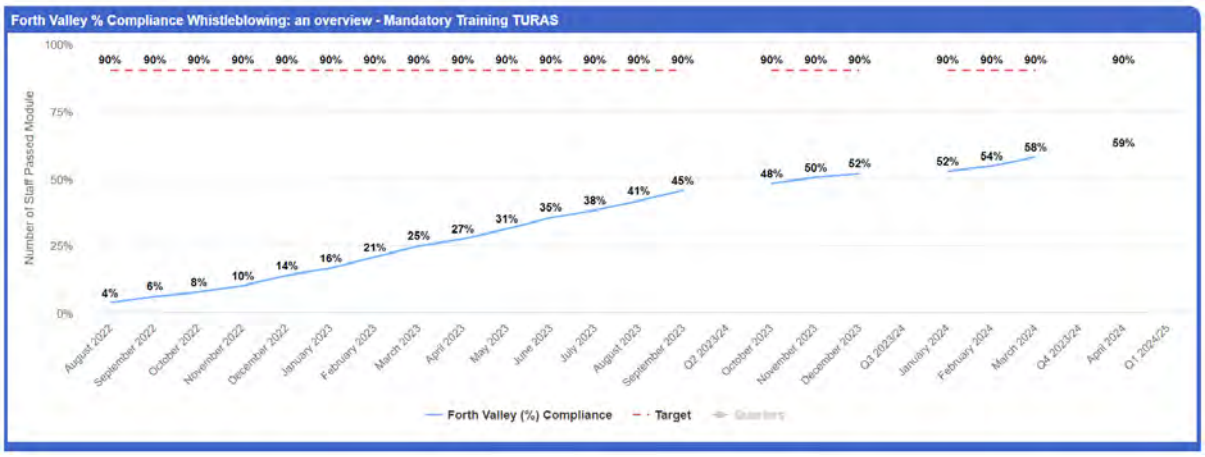


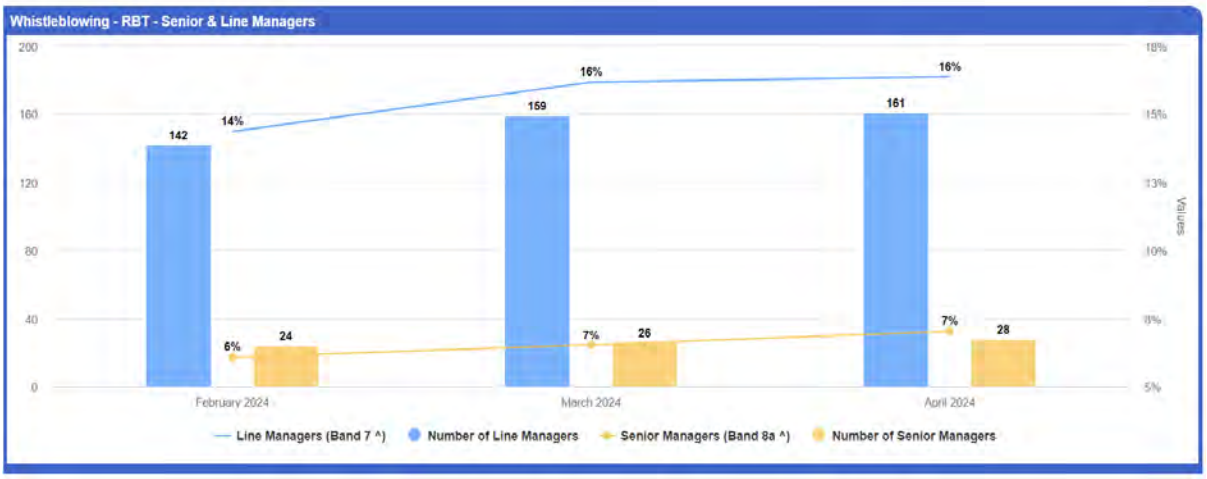
Table 2 total number of staff who have completed the training 2023-24.

Whistleblowing Training	Numbers
All Staff “an overview”	3997

The training modules are continuously promoted widely across the organisation and there continues to be a focussed approach in this area.

It was recognised that there was a need to give further attention to the Senior/Line managers training to ensure staff are undertaking the training most appropriate to their role. During 2024 we worked with colleagues to create a space of capturing this data through NHS Forth Valley’s performance system (Pentana).

Graph 2 overall percentage of compliance of Senior/Linda Managers who have completed the training from February – April 2024. This will remain a focus of leaders across the organisation to improve this rate.



Key Performance Indicator Four: Total number of Concerns Received

To date NHS Forth Valley has received an overall total of 18 cases. During 2023/24 there were 0 cases managed under Stage 1 of the Whistleblowing Procedure and 4 cases under Stage 2 of the procedure.

Graph 3 total number of concerns received 2023-24.

Table 3 – A breakdown of areas and number of concerns received and investigated at each stage of the procedure during 2023-24:

	Stage 1	Closed	Stage 2	Closed
Acute	0	0	0	0
Corporate	0	0	1	1
Community	0	0	0	0
MH/LD/Prisons	0	0	2	2
Women & Children	0	0	1	1
HSCP	0	0	0	0
Estates & Facilities	0	0	0	0

Table 4 – Total number of concerns for each area:

	Stage 1	Closed	Stage 2	Closed
Acute	2	2	2	1
Corporate	0	0	3	3
Community	0	0	1	1
MH/LD/Prisons	3	3	2	2
Women & Children	0	0	3	3
HSCP	0	0	0	0
Estates & Facilities	1	1	1	1

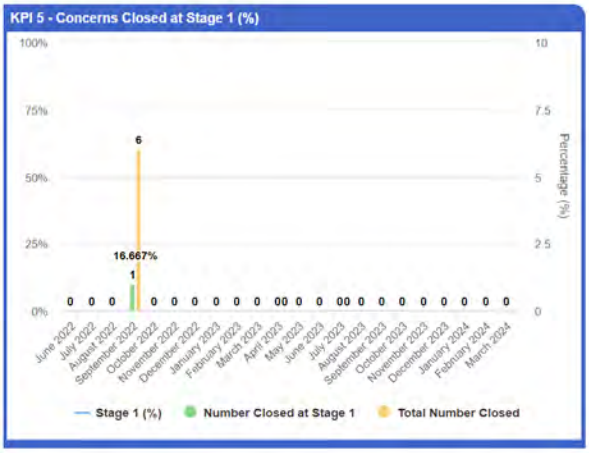
Key Performance Indicator Five: Concerns Closed at Each Stage

During 2023 there were 4 cases, considered, investigated and closed under Stage 2 of the Whistleblowing procedure.

NHS Forth Valley have considered, investigated and closed a total of 6 cases under Stage 1 and 12 cases under Stage 2 of the procedure.

The graphs below provide the total number of concerns closed at each stage of the procedure as a percentage % of all concerns closed.

Graph 4 Total number of concerns closed:



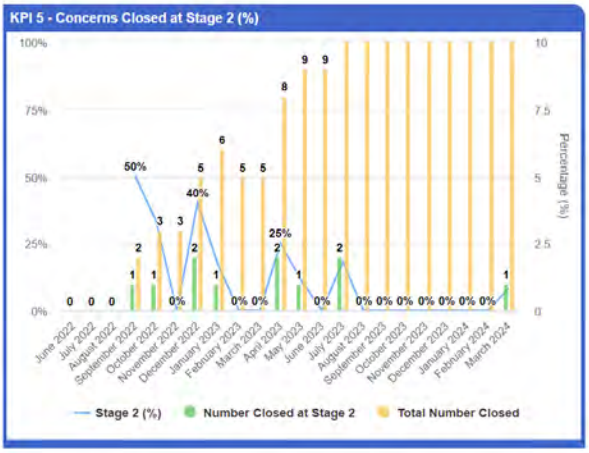


Table 4 Total number of concerns closed 2023-24.

	Q1	Q2	Q3	Q4	Total
Total Number of concerns closed	**0**	**0**	**4**	**0**	**4**
Stage 1 (5 days)	0	0	0	0	**0**
Stage 2 (20 days)	0	0	4	0	**4**

Key Performance Indicator Six: Concerns Upheld and Not Upheld

To meet the requirements of Indicator Six, a breakdown of the formal outcome (upheld, partially upheld, or not upheld) against Stage 1 and Stage 2 concerns.

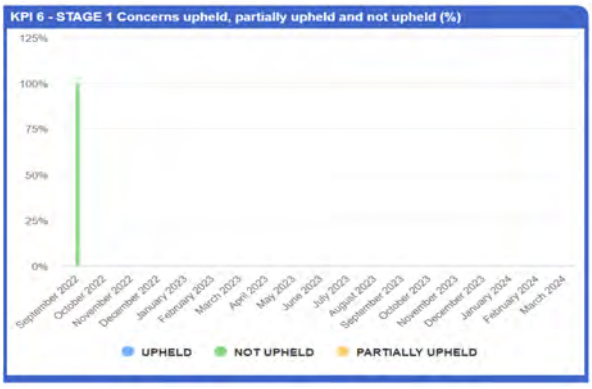
The tables below provide the Stage 2 concerns upheld, partially upheld, and not upheld during 2023/24. There were no concerns considered under Stage 1 of the procedure.

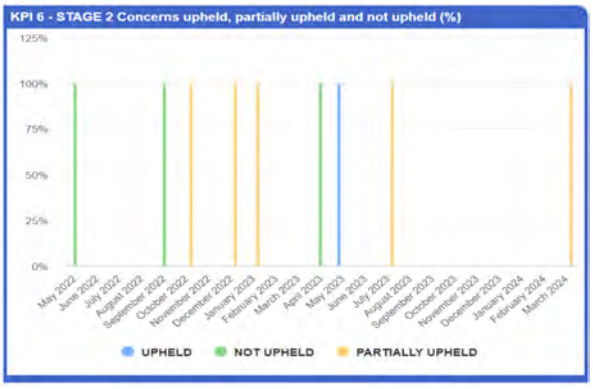
Table 4 - Total number of Stage 2 Concerns Upheld of not Upheld – 2023-24

	Q1	Q2	Q3	Q4	Total
Upheld	0	0	0	0	**0**
Partially Upheld	0	0	3	0	**3**
Not Upheld	0	0	1	0	**1**

The graphs below provide a overall percentage of concerns upheld, partially upheld, and not upheld at each stage of the procedure as a percentage % of all concerns closed in full at each stage:

Graph 5 Percentage of outcome of concerns closed in full





Key Performance Indicator Seven: Average Times

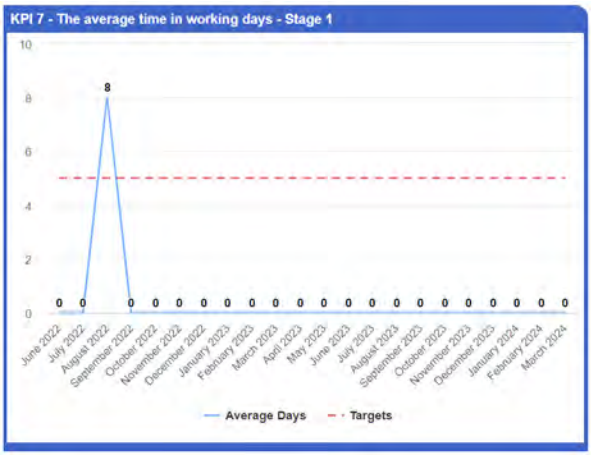
A reporting requirement of the Whistleblowing Procedure is to report on the average times in working days to close concerns at each stage.

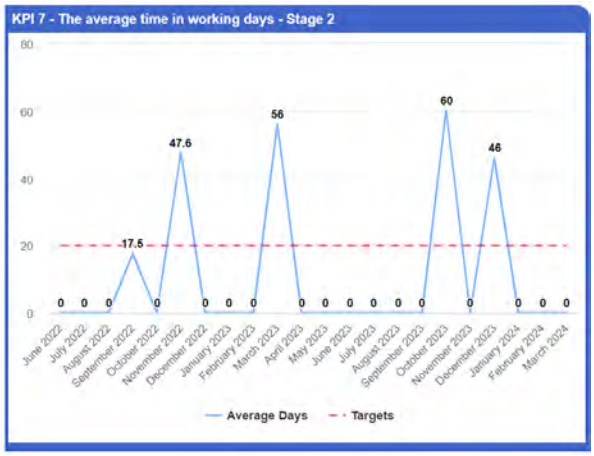
During 2023-24 there were no Stage 1 concerns recorded. Due to the complexity of Stage 2 concerns, it has taken on average 53 days to conclude investigations and for the outcome of the investigation to be communicated to the reporter.

It has been recognised by reporters through feedback that it is important that a thorough investigation of complex issues takes time, and they place high value on the quality of an investigation. NHS Forth Valley are however working to eliminate avoidable delays and continued support for reporters during and after investigations.

A detailed breakdown of the total average times in working days of concerns closed at each stage of the procedure is provided in the graphs below.

Graph 6 Breakdown of average times in working days:





Key Performance Indicator Eight: Closed in Full within the Timescales

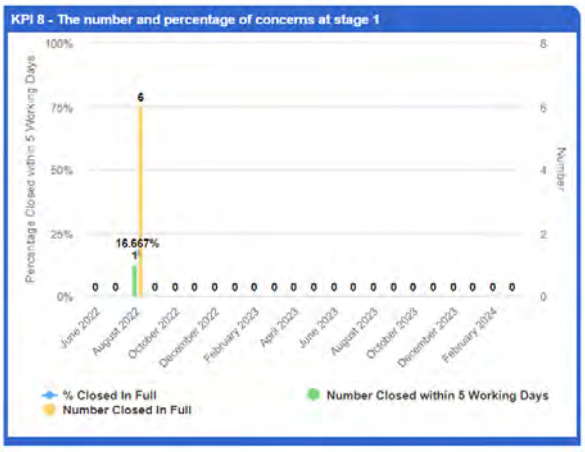
The INWO's expectation is that Stage 1 concerns are responded to within 5 working days and 20 working days for Stage 2 to allow a full investigation.

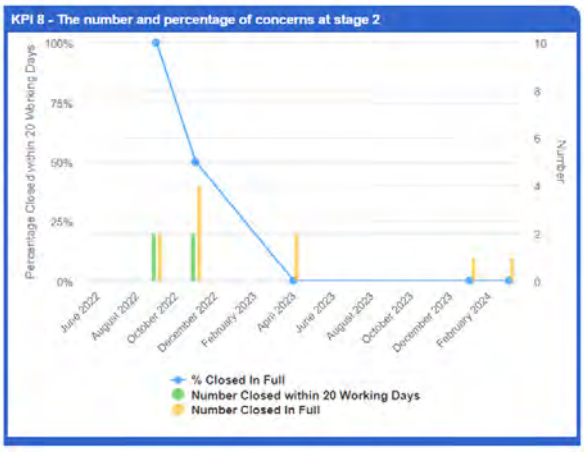
During 2023/24 there was 1 Stage 2 concern closed within the expected timescales. Timescales for completion may not always be met due to the nature and complexity of the concerns. This area continues to be monitored for improvement.

Table 10 – provides the number of concerns closed within timescale for each Stage of the procedure during 2023/24:

	Closed within timescale
Stage 1 (5 working days)	0
Stage 2 (20 working days)	1

Graph 7 The number and percentage of concerns closed in full within timescale





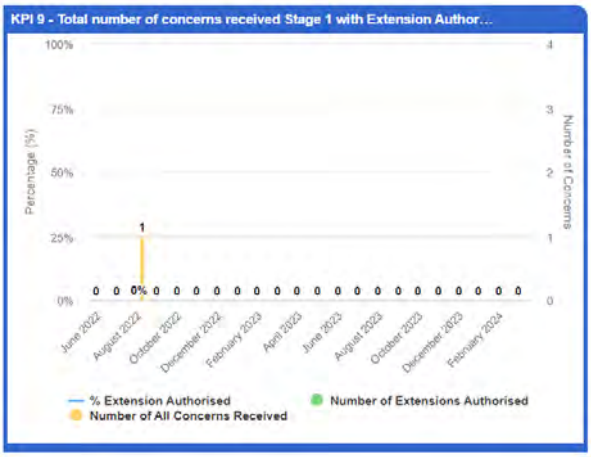
Key Performance Indicator Nine: Number of Cases where an Extension is Authorised

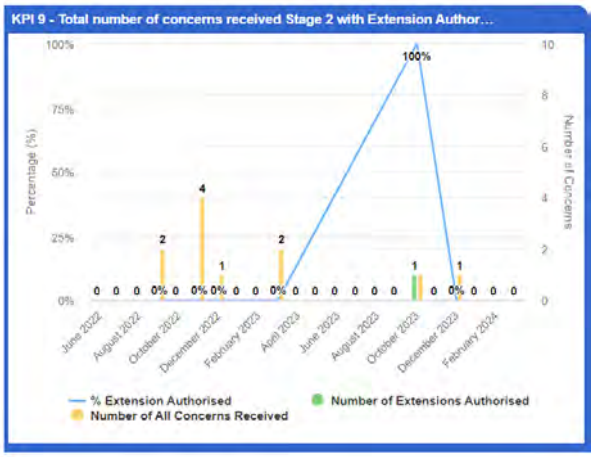
NHS Forth Valley are aware that it is important that concerns are responded to timeously however not all investigations will be able to meet the timeframe due to the complexity of the concern and requirement for additional support. The Whistleblowing Procedure does allow an extension where it is necessary to complete the investigation.

There has been a particular focus on improvement around governance of extensions to investigations. The Executive Lead has developed a system to monitor investigations with weekly check in with the investigator, by the administrator, to ensure progress and to alert to any challenges that require escalation. Furthermore, significant work has been undertaken to strengthen the processes and this includes regular updates on progress and authorisation of extensions to timescales.

During 2023/24 this reporting period there was 1 Stage 2 with an extension authorised.

Graph 7 Cases where an extension is authorised:





Reporting and Governance Arrangements

As per the requirements of the Standards the NHS Board via the Staff Governance Committee receives quarterly progress and impact updates for assurance. The reports are prepared by the Executive Lead for Whistleblowing and have been presented to the NHS Board since March 2021.

NHS Forth Valley are using a Performance Management system (Pentana) which supports the organisation in using appropriate and accurate data to inform and support performance management and improvement. Work continues to further develop this mechanism of reporting to capture and report performance against the KPI's.

Future Focus 2024/25

The introduction of the Independent National Whistleblowing Standards aims to ensure everyone delivering NHS services in Scotland is able to speak up to raise concerns when they see harm or wrongdoing, putting patient safety at risk, confident that they can do so in a protected way that will not cause them personal detriment. It also aims to promote a culture of speaking up in the NHS.

NHS Forth Valley have a continued focus to improving and strengthening Whistleblowing Arrangements and this remains a key priority.

We will continue to focus on learning from feedback to ensure improvements are made and shared across the organisation as this is core to building the confidence of staff in using these standards overtime.

Author: Claire Peacock, Whistleblowing Liaison Officer
Date: April 2024
Draft

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

17. Finance Report
For Assurance

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Author: Mr Scott Urquhart, Director of Finance; Mrs Jillian Thomson, Deputy Director of Finance

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Executive Summary

This report provides a high-level summary of the financial results for the first month of the 2024/25 financial year.

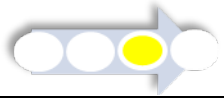
Recommendations

The NHS Board is asked to:

- **note** successful delivery of 2023/24 financial targets subject to external audit review, with progress on track for completion of the 2023/24 Annual Accounts and audit process within required timescales.
- **note** the exceptional level of financial risk and challenge for 2024/25, with an overspend of £2.1m reported after month one of the 2024/25 financial year and urgent action required during the first quarter to support a path to financial balance.
- **note** the establishment of the Financial Sustainability Oversight Board, reporting to the Performance and Resources Committee, with fortnightly review meetings in place to oversee the implementation and delivery of savings and cost improvement plans.
- **note** an in-depth review of the overall financial position, including savings delivery, changes in key planning assumptions, key financial risks and initial forecast outturn projections for the year, will be undertaken following completion of the Quarter 1 financial results in July.

Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A Reasonable level of assurance is reported on the basis that mitigating actions to address the corporate financial sustainability risk are in place and operating, although these are not expected to fully mitigate the underlying risk.

Key Issues to be considered

2023/24 Year End Outturn Position

The draft outturn position, subject to audit, confirms achievement of all 3 mandatory financial targets set by Scottish Government as summarised below:

- A surplus of £0.2m against the revenue resource limit of £840.6m.
- A break-even position against the capital resource limit of £8.8m.
- A break-even position against the cash requirement with a closing bank balance of less than £0.050m.

The External Audit review of the 2023/24 annual accounts and financial statements is currently underway and proceeding in line with planned timescales. Draft audited annual accounts and annual audit reports will be considered by the Audit and Risk Committee on 14th June and presented for approval at the NHS Board meeting on 18th June in line with the statutory reporting deadline.

2024/25 Financial Position

Based on financial planning assumptions presented to the NHS Board in March 2024, together with the impact of recurring pressures and unachieved recurring savings carried forward from 2023/24, an initial funding gap of £58.4m (8.6% of our baseline budget) has been identified for 2024/25.

A range of cost improvement plans and efficiency initiatives have been developed to mitigate the £58.4m gap as far as possible. At this stage, total targeted savings for 2024/25 are estimated at £43.8m, leaving a residual funding gap of £14.5m to be addressed (equivalent to 2.1% of baseline budget). Implementation of the savings plan is overseen by the Financial Sustainability Oversight Board and regular progress updates will be provided to the Performance & Resources Committee and the NHS Board during the course of the year.

The Scottish Government has acknowledged our financial projections for 2024/25 and has approved the NHS Board financial plan. There is an expectation for the following specific actions to be met in the first quarter of the financial year:

- Progress delivery of a minimum 3%[1] recurring savings in 2024-25 and develop options to meet any unidentified or higher risk savings balance:
- Continue to progress with the areas of focus set out in the '15 box grid' of national savings priorities.
- Engage and take proactive involvement in supporting national programmes as they develop in 2024/25.
- Develop further measures to reduce the Board's residual financial gap;
- Provide an update at quarter one on the financial risks to assess likelihood of these materialising and the impact these could have on the Board's outturn.

A £2.1m revenue overspend is reported for the first month of the 2024/25 financial year. This is of concern at this early stage in the year and is a higher overspend than the planned trajectory for the period. Urgent corrective action is required to address this in the first quarter in line with the Scottish Government actions highlighted above. Note that delivery of breakeven is a statutory requirement and every effort must be made to deliver financial targets in year.

Implications

Financial Implications

Financial implications are considered in the main body of the report.

Workforce Implications

[1] 3% target on baseline budgets (including those budgets delegated to IJBs) equates to £20.1m.

There are no immediate workforce implications associated with this report. However, it is recognised that Workforce accounts for a significant proportion of total operating expenditure and is therefore a key financial risk area and a key feature of our Financial Sustainability Action Plan.

Infrastructure Implications including Digital
There are no immediate infrastructure or digital implications associated with this report. However, it is clear that digital opportunities are key element of the Financial Sustainability Action Plan.

Sustainability Implications
There are no direct sustainability implications arising from this report. Climate Change and Sustainability initiatives across the five priority areas for NHS Scotland (i.e. Sustainable Buildings & Land; Sustainable Travel; Sustainable Goods & Services; Sustainable Care; and Sustainable Communities) will contribute to efficiency savings, reducing waste, cost avoidance and productivity gains. A range of sustainability initiatives are already included in our Financial Sustainability Action Plan.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*
□ *Yes*
√ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
It is imperative that quality of care and overall service provision is underpinned by a sustainable financial strategy. This is supported by the concept of "spending well" and making the most of our resources in terms of cost effectiveness and best value which is a key strand of our Financial Sustainability Action Plan.

Information Governance Implications
There are no direct information governance implications arising from this report.

Risk Assessment / Management
Financial sustainability continues to be reported as very high risk in the NHS Board's strategic risk register. This reflects the financial impact of ongoing operational service and capacity pressures.

Relevance to Strategic Priorities
There is a statutory requirement for NHS Boards to operate within the Revenue Resource Limit (RRL), Capital Resource Limit (CRL) and Cash Requirement set by the Scottish Government.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that this specific paper is not relevant to Equality and Diversity, however it is recognised that the development and approval of certain savings plans may require and an Equality and Poverty Impact Assessment to be conducted.

Communication, involvement, engagement and consultation
This report was prepared in consultation with Senior Finance colleagues.

Additional Information

N/A

Appendices: N/A

OVERVIEW OF MONTH 1 FINANCIAL RESULTS

1.1 Revenue year to date results as at 30 April 2024

An overspend of £2.1m is reported for the first month of the financial year as summarised in table 1 below.

TABLE 1: NHS Forth Valley 2024/25 Finanical performance	Annual Budget £m	Apr - Apr Budget £m	Apr - Apr Expenditure £m	Underspend/ (Overspend) £m
Set Aside & Non-Delegated Functions*				
Acute Servies	236.113	19.239	22.589	(3.350)
Women & Children's	55.787	4.578	5.249	(0.671)
Cross Boundary Flow/External SLAs	64.540	5.378	5.403	(0.025)
Non-delegated Community Services	36.749	3.077	3.348	(0.271)
Facilities	110.640	9.186	9.326	(0.140)
Digital	10.675	0.843	0.906	(0.063)
Corporate Functions	38.773	2.559	2.793	(0.234)
Ringfenced and Contingency Budgets	9.759	3.175	0.000	3.175
Income	(30.655)	(2.468)	(2.575)	0.107
Sub total	**532.381**	**45.567**	**47.039**	**(1.472)**
Delegated Functions				
Operational Services	133.071	11.360	11.066	0.294
Universal Services	172.192	14.803	15.732	(0.929)
IJB reserves	0.000	0.000	0.000	0.000
Sub total	**305.263**	**26.163**	**26.798**	**(0.635)**
TOTAL	**837.644**	**71.730**	**73.837**	**(2.107)**

* Note that these budgets include specialties defined as "large hospital services" which form part of IJB Set Aside budgets. The total Set Aside budget included in the total of £532.381m above is £75.394m. An overspend of £1.505m is reported at month 1.

In arriving at this position, a number of outstanding revenue allocations have been anticipated and included in the month 1 budgets pending confirmation from the Scottish Government. The key assumption relates to funding for the 2024/25 pay award which is subject to ongoing negotiation and the increase in employers superannuation contributions – both issues are expected to be fully funded. Note that funding for Agenda for Change reforms (ie protected learning time, the 30 minute reduction in the working week and the review of band 5 nursing roles) has been confirmed at £200m nationally. The Forth Valley share of this funding is £10.9m and costs must be contained within this envelope (worst case scenario planning suggests that local AfC reform costs could reach £15.7m). Clearly, there is a degree of risk attached to all anticipated allocations until such time as they are formally agreed by the Scottish Government.

In the meantime, an overspend of £2.1m is reported against budget for the month of April. This continues to reflect ongoing use of contingency areas and staffing pressures across the whole system (particularly in relation to the Acute Site) combined with increases in the costs of medicines and devices (for example due to increasing uptake of diabetes technologies). A key focus of the Financial Sustainability Action Plan is to reduce the use of unfunded beds across the whole system and to return workforce levels back to approved budgeted establishment levels. This is being progressed by the Interim Director of Strategy and Transformation through the “your home first” workstream and an initial

plan for the phased closure of contingency areas has been produced for consideration by the Financial Sustainability Oversight Group.

1.2 Efficiency Savings

A Financial Sustainability Action Plan has been developed which sets out a broad range of local and national cost improvement initiatives and efficiency schemes designed to mitigate the £58.4m funding gap referred to above.

To date, the plan includes savings targets totalling £43.8m across 8 workstreams as summarised in table 2 below. These workstreams are aligned to the to the national "15-point grid" and Choices framework. This leaves a residual funding gap of £14.5m still to be addressed.

Table 2: 2024/25 Finanical Sustainability Action Plan - saving stargets	**Rec £m**	**Non-Rec £m**	**TOTAL £m**
Workforce	1.339	8.203	**9.542**
Procurement	0.328	0.000	**0.328**
Prescribing (Hopsital based)	4.497	0.086	**4.583**
Esates & infrastructre	1.733	0.000	**1.733**
Income Generation	0.010	0.000	**0.010**
Innovation, Productivity & Digital	0.142	0.000	**0.142**
Value Based Health & Care	0.600	4.890	**5.490**
Other (slippage, reprioritisation & other finanical benefits)	13.015	8.998	**22.013**
TOTAL	**21.664**	**22.177**	**43.841**

Implementation of the savings plan is being overseen by the Financial Sustainability Oversight Group, with fortnightly meetings chaired by the Chief Executive. Early indications suggest the work on nurse agency is showing signs of improvement and a number of technical switches in relation to hospital drugs have already been completed. An in-depth review of actual savings delivery will be undertaken on receipt of the quarter 1 financial results.

Note that the Scottish Government has set a 3% recurring savings target on baseline budgets (including those budgets delegated to IJBs) which equates to £20.1m. The savings targets reported in table 2 above contribute towards this target in respect of Set Aside and non-delegated functions only. The IJBs have developed savings plans in respect of delegated functions.

1.3 Capital year to date results as at 30 April 2023

A balanced position is reported against the Capital Resource Limit (CRL) for the first month of the year as summarised table 3 below.

TABLE 3: 2024/25 NHS Forth Valley Capital position	**Annual Budget £m**	**YTD Budget £m**	**YTD Expenditure £m**	**Underspend/ (Overspend) £m**
Elective Care	0.750	0.000	0.000	0.000
Information Management & Technology	3.769	0.000	0.000	0.000
Medical Equipment	2.986	0.005	0.005	0.000
Facilities & Infrastructure	1.874	0.013	0.013	0.000
Energy Efficiency Capital Grants	0.245	0.000	0.000	0.000
Right of Use Assets IFRS16	0.826	0.000	0.000	0.000
Indirect Capital Charged to Revenue	(1.000)	0.000	0.000	0.000
Total	**9.450**	**0.018**	**0.018**	**0.000**

Note that a relatively low level of capital expenditure has been incurred during the month of April which is not unusual at this very early stage in the financial year. Expenditure to date is primarily related to capitalisation of staff costs linked to posts that are supporting the implementation of a number of capital projects.

2.0 FINANCIAL RISKS

2.1 Key risks

As reported to the NHS Board on 26 March 2024, the specific risks associated with the 2024/25 financial plan include:

- Our ability to fully identify the level of recurring savings plans required in 2024/25 and beyond to address the underlying deficit and reduce the reliance on non-recurring measures to achieve breakeven.

- Potential delays in delivering savings due to the lead in time necessary to develop and implement the associated project plans, coupled with the limited availability of key staff to drive progress as they continue to be required to focus on immediate front-line service and capacity pressures.

- Potential recruitment and retention challenges which may impact on our ability to successfully implement our workforce plan and service delivery plan, resulting in continued use of bank and agency staffing solutions.

- Ongoing delays in implementing Covid exit strategies resulting further unfunded legacy costs.

- Whole-system capacity and workforce pressures across the health and social care sector that may continue to require additional temporary supplementary beds and staff beyond budgeted levels.

- Ongoing uncertainty regarding price inflation which will have a direct impact on the cost of goods and services and a significant impact on PFI/PPP expenditure commitments.

- Affordability challenges regarding the introduction of new drugs and therapies leading to increased treatment costs and demand over and above initial planning assumptions.

- Financial pressures associated with the disproportionately high prison population in Forth Valley.

- Cost pressures associated with Integration Joint Boards, particularly relating to requests for additional payments beyond funded baselines as part of risk share arrangements.

- Lack of funding to progress major capital investment priorities including the redevelopment and modernisation of our Primary Care estate and Falkirk Community Hospital.

In addition to the risks listed above, several new and emerging risks have been identified at this early stage in the financial year linked to:

- Uncertainty regarding the costs and ongoing funding arrangements for AfC reform. As highlighted above, we will work closely with Scottish Government colleagues to accurately quantify the impact as more information becomes available. In the meantime, our current planning assumption is that costs will be contained with the £10.9m envelope identified by the Scottish Government.

- The impact of projected demand for new Diabetes devices and associated technologies beyond available funding levels.

- Ongoing use of unfunded contingency bed areas, primarily within the Acute hospital site, is a key financial risk and is not sustainable.

- Increases in the local prison population linked to planned transfers of prisoners into Forth Valley by the Scottish Prison Service (SPS) in a bid to maximise available or underutilised space across the overall prison estate.

The position will be kept under close review as the year progresses in a bid to quantify the potential financial impact and identify key mitigating actions.

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

18. Alva Medical Practice – Application to Redefine Practice Area
For Approval

Executive Sponsor: Ms Judith Proctor, Head of Primary Care

Author: Ms Kirsty Blair, Deputy Primary Care Contracts Manager

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Executive Summary
As part of the GMS contract GP practices agree the geographical area in which residents in that area will be entitled to register with the practice or seek acceptance as a temporary resident.

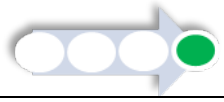
NHS Forth Valley has received an application from Alva Medical Practice to redefine its practice area as described in its GMS Contract. The practice provides services from two locations, a main site in Alva and a branch surgery in Tullibody and has approximately 13,308 registered patients.

This paper provides a summary of the proposal submitted by Alva Medical Practice.

Recommendation
The Forth Valley NHS Board is asked to:

- **approve** this application which has been endorsed by the Forth Valley GP Sub Committee and the Clackmannanshire and Stirling Integration Joint Board.

Assurance
Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Substantial Assurance 	Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.

A Substantial level of assurance is proposed in that due process has been followed with the proposal endorsed by the Forth Valley GP Sub Committee and the Clackmannanshire & Stirling Integration Joint Board.

Key Issues to be Considered

The current geographical practice area is defined as Alva, Blairlogie, Cambus, Coalsnaughton, Devonside, Fishcross, Glenochil, Marchglen, Menstrie, Sauchie, Tillicoultry and Tullibody.

The Practice proposes to redefine its area to include Alva, Cambus, Coalsnaughton, Devonside, Fishcross, Glenochil, Marchglen, Menstrie, Sauchie, Tillicoultry, Tullibody and to no longer cover Blairlogie which includes Manor Powis, Manor Loan and Manor Stepps. This is predominantly due to the proposed housing developments within Alva and Sauchie to help

sustain the practice and maintain a catchment within Clackmannanshire that will not involve a significant amount of travel should home visits be required.

The Practice will retain existing patients who reside out with the proposed redefined practice area and will continue to accept new babies or other family members of existing patients, who reside at the same address. New patients who reside out with the proposed new practice area would not be accepted.

Blairlogie sits in Stirling district and in the direct catchment of Airthrey Park Medical Centre, Bridge of Allan Health Centre and Orchard House Health Centre catchment. Prior to submitting the application, Alva Medical Practice contacted each of the practices with no objections to the proposed changes received. See appendix 1.

Financial Implications
There are no finance implications as a result of this application.

Workforce Implications
There are no workforce implications as a result of this application.

Infrastructure Implications including Digital
There are no infrastructure implications as a result of this application.

Sustainability Implications
There are no sustainability implications as a result of this application.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. (A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)
☒ Yes
☐ N/A

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
There are no quality or patient care implications as a result of this application.

Information Governance Implications
There are no information governance implications as a result of this application.

Risk Assessment / Management
There are no current risks to the future stability of the practice.

Relevance to Strategic Priorities
Resilient primary care services are an essential pre-requisite of future service provision ensuring that all patients will continue to have access to primary medical services provided by a GP Practice.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
The proposal was discussed with the neighbouring practices. All practices responded with no issues or concerns in relation to the proposed change registered.

NHS Forth Valley sought the views and recommendations of the Forth Valley GP Sub Committee as the professional advisory committee on 19 March 2024 and the Clackmannanshire & Stirling Integrated Joint Board Forward Planning Meeting on 15 March 2024. Both groups offered no objections to the application and endorsed the proposal outlined in the application received from Alva Medical Practice.

Additional Information
There is no additional information.

Appendices

Appendix 1: Application to redefine GP practice area – Alva Medical Practice

APPLICATION TO REDEFINE PRACTICE AREA
NB – Please complete electronically

Name of Practice: Alva Medical Practice **Practice Code: V 25046**

Address: Alva Medical Practice, West Johnstone Street, Alva, Clackmannanshire, FK12 5BD (Main Surgery)

Address: Tullibody Health Centre, Main Street, Tullibody, FK10 2PY (Branch Surgery)

PROPOSAL

To redefine the practice area as follows:

Current Practice Area:
Alva
Blairlogie
Cambus
Coalsnaughton
Devonside
Fishcross
Glenochil
Marchglen
Menstrie
Sauchie
Tillicoultry
Tullibody

Proposed New Practice Area:
Alva
Cambus
Coalsnaughton
Devonside
Fishcross
Glenochil
Marchglen
Menstrie
Sauchie
Tillicoultry
Tullibody

Blairlogie is the proposed removal from our practice catchment area.

Reason for this proposal:
Blairlogie is on the western most edge of our current practice boundary area. It has 3 other practice that cover this area (Airthrey Park, Bridge of Allan and Orchard House). We currently have 32 patients registered in the area known as Blairlogie which includes Manor Powis, Manor Loan and Manor Stepps.

There is proposed development in Alva, namely the Alva West development which will add a further 200-300 houses into our direct catchment with further proposed development in Sauchie.

Blairlogie falls under Stirling which attracts different referral pathways for, in particular, Mental Health services. District Nursing Teams are also different. It would make sense for us to remove Blairlogie from our catchment area on the basis of the proposed developments in and around our immediate catchment area to help us sustain the practice and maintain a catchment within Clackmannanshire, and one that doesn't involve a significant amount of travel should home visits be required.

PATIENTS

The practice would:

1. Retain existing patients who reside out with the proposed redefined practice area - **Y**
2. Continue to accept new babies or other family members of existing patients, who reside at the same address? - **Y (see email)**
3. Not accept any new patients, who reside out with the proposed new practice area unless they met the criteria of 2 above? - **Y**

IMPACT ON EXISTING REGISTERED PATIENTS
Describe any issues (or not as the case may be) for your existing registered patients as a result of the proposed change to the practice area?

- There will be no issues for any patients currently registered within the area as we will retain them.

IMPACT ON OTHER PRACTICES

You must discuss your proposal with neighbouring practices on which there may be an impact as a result of your proposed change of practice area and seek their views regarding your proposal.

Details of the responses from neighbouring Practices:

1. Airthrey Park Medical Centre

Comments:
Having spoken with the partners this afternoon, just to confirm we have no objections or concerns.

Jennifer Stevenson
Practice Manager
Airthrey Park Medical Centre
Hermitage Road
University of Stirling
Stirling
FK9 4NJ

2. Bridge of Allan Health Centre

Comments:
We are happy to take on any new patients living in Blairlogie.

Natalie Todd
Practice Manager
Bridge of Allan Health Centre

Fountain Road, Bridge of Allan, FK9 4EU
Tel: 01786 833210

3. Orchard House Health Centre

Comments:
We have no objections to your proposal as you say same numbers.

Lesley Ferguson
Practice Manager
Orchard House Health Centre
Union Street
Stirling
FK8 1PH

Completed by: Steven Ebsworth (on behalf of the practice)
Designation: Business Manager
Date: 01/03/2024

SUBMISSION OF APPLICATION

Fully completed applications should be emailed to: kirsty.blair@nhs.scot

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

19. Falkirk Health and Social Care Partnership Assurance Report
For Assurance

Executive Sponsor: Ms Gail Woodcock, Chief Officer and Director of Falkirk HSCP

Author: Mrs Suzanne Thomson, Senior Service Manager

Executive Summary

The report provides assurance of the arrangements in place to scrutinise the performance of the Falkirk Health and Social Care Partnership (HSCP). This report covers progress since the last update to the Forth Valley NHS Board on 28 November 2023.

The report to the Board presents a high level overview of:

- Integration Joint Board Business Case
- Performance Reporting
- External inspection reports
- Integration Scheme Review.

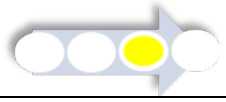
Recommendation

The Forth Valley NHS Board is asked to: -

- **note** the report and progress by the HSCP in meeting its priorities in the Strategic Plan
- **request** a further assurance report in 6 months which will include the approved IJB Annual Performance Report.

Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

A reasonable level of assurance has been proposed on the basis that Falkirk Integration Joint Board (IJB) and its Audit Committee and Clinical and Care Governance Committee has oversight and receives regular reports at their meetings.

Key Issues to be Considered

BACKGROUND

The IJB is responsible for overseeing the planning, management, and delivery of all relevant functions within the scope of health and social care integration. This involves the delegation of functions and services by the Council and NHS Forth Valley, with services delivered

through the HSCP. The IJB controls an annual budget of approximately £287m and decides how resources are used to achieve the objectives of the Falkirk Strategic Plan 2023 - 2026.

The Board has established an Audit Committee and a Clinical and Care Governance Committee. The IJB is responsible for the effective monitoring and reporting on the delivery of services, relevant targets and measures. The management of performance is critical to managing the overall budget of the IJB and to provide assurance on the impact of the Strategic Plan to improve outcomes. This is achieved in a number of ways:

- Audit Committee is responsible for the promotion of best practice in the areas of risk management, financial procedures, internal controls, development of continuous improvement and review of external audit issues
- Clinical and Care Governance Committee provides assurance on the systems for delivery of safe, effective, person-centred care in line with its statutory duty for the quality of health and care services
- Annual Assurance Statements – the presentation of these statements reflects the principles of good corporate governance and contributes to the effective delivery of the IJB's Strategic Plan. It also supports the IJBs risk management framework and ensures compliance with Internal Audit recommendations
- The publication of an Annual Performance Report
- Performance Monitoring reports are presented to each IJB meeting.
- Reports on a range of subjects, including the Chief Officer report and Finance reports are considered at each IJB meeting.

The reports presented to the IJB, and its Committees are all accessible online through the HSCP website and Falkirk Council Committee pages.

IJB BUSINESS CASE

The IJB considered and approved its Business Case at its meeting on 22 March 2024. This summarises the IJB's funding requirements and financial planning assumptions for the forthcoming financial year. The Business Case aligns with the IJB's strategic priorities and delivery plan actions and forms the basis of initial negotiations with Falkirk Council and NHS Forth Valley regarding the level of payments for 2024/25.

The revised funding gap of £18.429m represents 6.4% of the 2024/25 budgeted expenditure and it will be a significant challenge to deliver this through savings alone. In the meantime, work has begun in developing a Financial Improvement Plan to help ensure value for money and that services are delivered within an appropriate budget allocation. The Medicines Optimisation Group also continues to work on prescribing efficiencies, although it is recognised nationally that prescribing savings being achieved locally are insufficient to keep up with current and anticipated significant increases in demand and increased cost per item.

In respect of set aside / large hospital services budgetary pressures, NHS Forth Valley has met the costs of the set aside overspend. The IJB currently has minimal oversight of operational and budget decisions in that regard. This arrangement is not expected to change in the short or medium term. A review is ongoing of the IJB Integration Scheme and risk sharing arrangement work will continue into 2024/25 with a view to addressing this remaining funding gap on a sustainable, recurring basis.

PERFORMANCE REPORTING

The IJB receives a Performance Monitoring Report as a standing item at Board meetings. The content of the Performance Monitoring report focuses on local performance indicators and

data, providing a year-on-year comparison. This includes information on delayed discharges and Emergency Department (ED) performance.

The report draws on a basic balanced scorecard approach designed to provide a comprehensive 'at a glance' view of measures against associated targets, with a comparison from the previous year and direction of travel. There is a focus on exception reporting, with measures displaying a deteriorating position against the last comparable reporting timeframe or where there are particular areas of challenge.

The IJB considered the Performance Monitoring report at its most recent meeting on 22 March 2024. The report covered the reporting period December 2022 – December 2023. The key performance highlights are provided below:

ED Performance against the 4 Hour Access Standard
The December 2023 compliance for the Falkirk Partnership highlights a decrease in performance to 46.4% compared with 47.7% in December 2022. It should be noted that national reporting guidelines changed in July 2023 with the removal of planned ED attendance data. This has had an impact on the 4-hour Emergency Access Standard compliance with a downward shift recorded.

Delayed Discharge
The Falkirk partnership breakdown at the December 2023 census is noted as:
- 48 Standard delays, 36 are delayed over 2 weeks
- 25 guardianship/code 9 exemptions
- 73 total delays.

Complaints – Falkirk Council Social Work Adult Services
Performance of complaints completed within timescale has increased to 78% in the first 3 quarters if 2023/24, compared to 65% for the equivalent period in 2022/23.

Monitoring of complaint performance will continue to be overseen by a senior manager and more detailed analysis and planned actions are provided to the Falkirk IJB Clinical and Care Governance Committee.

Complaints – NHS Forth Valley
In the period April 2023 to December 2023, a total of 38 complaints (excluding complaints transferred/ withdrawn/ consent not received) were received by the Patient Relations Team relating to the Partnership. The overall response rate is noted as 42.1%.

Attendance management – Social Work Adult Services
The overall sickness absence figure for the first three quarters of 2023/24 (9.7%) is lower in comparison to the same period in the previous year (11.1%).

Attendance management - NHS Forth Valley
The overall December 2023 Falkirk Partnership sickness absence position is reported as 8.17% with the Forth Valley 12-month rolling position noted as 7.07%.

Psychological Therapies
In December 2023, 74.6% of patients started treatment within 18 weeks of referral. This is a increase in performance from the previous month position of 64.9% however a decrease from 77.2% in December 2022.

The IJB considers and approves its Annual Performance Report for publication and this will be presented to the IJB at its meeting on 28 June 2024.

The Clinical and Care Governance Committee receive the following standing agenda reports at their meetings:

- Inspection Reports
- Complaints and Feedback Quarterly Performance Report
- Healthcare Acquired Infection Report.

The annual Duty of Candour reports prepared respectively by the Medical Director and Chief Social Work Officer are presented to the Clinical and Care Governance Committee.

EXTERNAL INSPECTION REPORTS

The IJB Clinical and Care Governance Committee receive an update on recent external inspections of HSCP registered services at its meetings. The following table provides links to the full published reports and the summarised findings of the inspection. In relation to the Care Inspectorate reports, the inspection considered relevant quality indicators and assessed the service using a six-point scale where 1 is unsatisfactory and 6 is excellent, as follows:

Facility	Quality Indicator	Grade
Summerford House	How well do we support people's wellbeing?	5 – Very Good
	How good is our leadership?	5 – Very Good
Thornton Gardens	How well do we support people's wellbeing?	5 – Very Good
	How good is our leadership?	5 – Very Good
	How good is our setting?	5 – Very Good
Grahamston House September 2023	How well do we support people's wellbeing?	3 - Adequate
	How good is our leadership?	4 – Good
Grahamston House Care Home January 2024	How well do we support people's wellbeing?	4 – Good

In relation to Grahamston House, the Care Inspectorate identified one requirement and three areas for improvement for the service during the inspection in September 2023. An Improvement Action Plan was implemented and following a further unannounced inspection in January 2024, the service received an improved grade.

There was also a Mental Welfare Commission for Scotland report for Woodlands Resource Centre following an announced visit on 5 October 2023. The adult Integrated Community Mental Health Team (ICMHT) is located in Woodlands Resource Centre at Falkirk Community Hospital. It comprises of two teams (East and West) providing mental health assessment and care and treatment for adults with mental illness living in the community in the Falkirk area. Referrals to the team can be made by GP services, other specialties in the secondary care system and between disciplines in the team. There were two multidisciplinary teams (MDTs) on site consisting of mental health nursing, psychiatry, occupational therapy, music and arts therapy, psychology, social work, and mental health officers.

As a result of the visit, three recommendations were identified. A response to these recommendations has been submitted and required actions are being progressed.

INTEGRATION SCHEME REVIEW

The Integration Scheme is a legally binding agreement between Falkirk Council and the Health Board who are known as 'the parties' in the Integration Scheme. The scheme describes what the parties will do to enable the Integration Joint Board (IJB) to meet its responsibilities (or 'delegated functions'). Under Section 44 of the Public Bodies (Joint Working) (Scotland) Act 2014 paragraph (5) the Constituent Authorities have a legal duty to formally review the Integration Scheme five years from its date of approval, in this case by October 2020.

An external facilitator is leading this review for both IJBs in the Forth Valley area and good progress is being made by partners. This will be presented to future Council and NHS Forth Valley Board meetings for approval.

Implications

Financial Implications
There are no financial implications as this is an Assurance Report. With reference to the IJB Business Case update, should the savings requirement not be achieved, this would present a risk to the Partners, per the Integration Scheme.

Workforce Implications
There are no workforce implications as this is an assurance report. Falkirk HSCP Workforce Plan 2022 – 2025 is in place.

Infrastructure Implications including Digital
There are no infrastructure implications as this is an assurance report. However, there is opportunities to use digital health and care solutions for the workforce, service users and carers.

Sustainability Implications
The IJB has a responsibility to produce an annual Climate Change report under the Climate Change (Scotland) Act 2009. Falkirk IJB has no responsibility for staff, and limited planning responsibility for buildings and fleet vehicles. These are responsibilities of NHS Forth Valley and Falkirk Council. The IJB is responsible for making strategic planning decisions about service change, service redesign and investment and disinvestment and will need to consider going forward the implications of net zero on delegated services.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy

(DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. (please tick relevant box)

□ Yes
X N/A

Quality / Patient Care Implications
Falkirk IJB has an established Clinical and Care Governance Committee and HSCP Clinical and Care Governance Management Group (CCGMG). This group was established to strengthen assurance around clinical and care governance and work is ongoing to continue to improve the overall assurance processes in this area. The CCGMG also reports to the NHS FV Clinical Governance Working Group and to the Public Protection Chief Officers Group.

Information Governance Implications
There are no implications for Information Governance as this is an assurance report.

Risk Assessment / Management
The IJB Strategic Risk Register is considered by the Falkirk IJB Audit Committee and the IJB.

Relevance to Strategic Priorities
The Strategic Plan is aligned with relevant national and NHS FV plans, and its implementation will positively impact on the progress of these wider plans.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

☒ Paper is not relevant to Equality and Diversity as this is a progress report.

Communication, involvement, engagement and consultation
This is an assurance report to the Board. The HSCP Senior Leadership Team, senior leaders and colleagues across the HSCP, including Clackmannanshire and Stirling HSCP, NHS Forth Valley and Falkirk Council work together to implement the Strategic Plan.

Additional Information
None.

Appendices
None.

AUDIT & RISK COMMITTEE
FRIDAY 22 MARCH 2024

Item 9.3 Audit & Risk Committee Annual Report 2023/24
For Assurance

Executive Sponsor: Scott Urquhart, Director of Finance

Author: Graeme Bowden, Capital Accountant

Executive Summary
The Audit and Risk Committee Terms of Reference highlight that the Chair of the Committee shall submit an Annual Report of the work of the Committee to the NHS Board. The attached report has therefore been drafted to cover the work of the Audit and Risk Committee during financial year 2023/24 as required by the Scottish Government Audit and Assurance Handbook 2018.

Recommendation
The Audit and Risk Committee is asked to:

- **approve** the draft Audit and Risk Committee Annual Report subject to any updates required from the March 2024 meeting.

Assurance

Proposed assurance level:

Level of Assurance		System Adequacy	Controls
Substantial Assurance		Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.

- A Substantial level of assurance is provided through the Audit and Risk Committee Annual Report that Committee is fulfilling its brief as laid down in the Audit and Risk Committee Terms of Reference

Key Issues to be Considered
- Attendance Record for each meeting
- Work considered by Audit and Risk Committee during financial year 2023/24;
- Audit and Risk Committee Self Assessment Checklist that is required to be completed regularly in line with guidance contained in the Scottish Government Audit Committee Handbook; and
- Provide comments to the final section of the Self Assessment Checklist.

Implications

Financial Implications
There are no financial implications specific to this paper.

Workforce Implications
There are no workforce implications specific to this paper.

Infrastructure Implications including Digital
There are no specific infrastructure implications in respect of this paper.

Sustainability Implications
There are no specific sustainability implications in respect of this paper.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. *(please tick relevant box)*

□ *Yes*
√ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
There are no specific quality or patient care implications in respect of this paper.

Information Governance Implications
There are no specific information governance implications in respect of this paper.

Risk Assessment / Management
The Audit and Risk Committee Annual Report is updated and approved annually in line with Audit Committee terms of reference and guidance within the NHS Scotland Audit Committee Handbook.

Relevance to Strategic Priorities
The Audit and Risk Committee Annual Report is provided as part of the annual review cycle of annual accounts and the wider governance framework, timed to support preparation of the Statement on Internal Control.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
The Finance Department and Internal Audit have been consulted during the production of this report.

Additional Information
There is no additional relevant information in respect of this paper

Appendices

- Appendix 1: NHS Forth Valley Audit and Risk Committee Annual Report 2023 - 24

NHS Forth Valley Audit and Risk Committee

Annual Report 2023~24

FORTH VALLEY NHS BOARD

ANNUAL REPORT OF AUDIT & RISK COMMITTEE 2023/24

1. PURPOSE

To assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

2. AUDIT AND RISK COMMITTEE

2.1 Purpose of Committee

The purpose of the Audit and Risk Committee is to ensure that NHS Board activities including Patients Private Funds and Endowment Funds are:

- Within the law and regulations governing the NHS; and
- That an effective system of internal control is maintained to give reasonable assurance that assets are safeguarded, waste or inefficiency avoided and reliable financial information produced and that value for money is continuously sought.

2.2 Composition

During the financial year ended 31 March 2024 membership of the Audit and Risk Committee comprised:

- Chairperson – Cllr Fiona Collie
- Vice Chair - Mr John Stuart
- Members – Mr Robert Clark
  Cllr Danny Gibson – to 27th June 2023
  Cllr Gerry McGarvey – from 29th June 2023

2.3 Meetings

The Committee has met on four occasions during the period from 1 April 2023 to 31 March 2024, on the undernoted dates:

Tuesday 20th June 2023
Friday 20th October 2023
Friday 26th January 2024
Friday 222nd March 2024

This is in accordance with the requirements of the remit of the Committee. All meetings were held virtually using Microsoft Teams.

The attendance schedule is attached at Appendix 1.

2.4 Business

The Committee considered a combination of routine and specific work areas during the financial year. The routine work was largely in relation to internal financial controls, internal and external audit plans and internal and external audit reports. Specific areas considered in accordance with the Committee remit included:

Internal Control and Corporate Governance

- Review of Risk Management Annual Report and key areas within the Risk Management Strategy;
- Receiving and reviewing quarterly and annual reports issued by Counter Fraud Services (CFS) including the review and consideration of cases relevant to NHS Forth Valley;
- Completion and consideration of the Audit Committee Self-Assessment Checklist as to ensure Audit and Risk Committee business is conducted in line with guidance published within the Audit Committee Handbook;
- Review of Best Value activities for assurance that arrangements to secure continuous improvement in performance, efficiency, economy, quality and cost are in place;
- Update on National Fraud Initiative;
- Review of Post Transaction Monitoring process;
- Update on Legal Claims lodged against NHS Forth Valley during the financial year;
- Consideration of the local implications of the various national audit publications;
- Consideration of guidance issued by the Scottish Government Health Finance Directorate regarding amendments made to the NHS Scotland Accounting Manuals for 2023/24; and
- Consideration given to impact of updates to the Payment Verification Process for Primary Medical Services.

Internal Audit

- Approve the Internal Audit Annual Plan;
- Receive regular reports on progress against delivery of the Plan;
- Consider the Annual Internal Audit and Governance Overview Reports;
- Regular review and consideration of reports issued relating to the Audit Follow-up process to enable assurance to be provided to the NHS Board that agreed protocols are being followed; and
- Review and approval of Audit Follow-Up procedures in line with guidance held within the Audit Protocol.

External Audit

- Review of Report to those Charged with Governance on the Audit of the 2022/23 Financial Statements;
- External Audit Annual Plan for 2023/24;
- Review of Internal Controls within NHS Forth Valley and also Internal Audit Reliance letter;
- External Audit Annual Report to the Board and Auditor General for Scotland 2023; and
- Review and consideration of reports on specific aspects of control environments and performance audits on areas requested by NHS Forth Valley.

Details of business items considered are attached at Appendix 2.

Minutes of the meetings of the Committee have been timeously submitted to the Board for its information and highlighted that during 2023/24 all meetings held were Quorate.

3. OUTCOMES

Throughout the financial year items of particular interest or importance were presented to the Audit Committee and these can be summarised as follows.

- At the first meeting in June 2023, the Annual Accounts were presented and also those for Endowment and Patients Funds. The Committee provided assurance for approval of these accounts to the NHS Board. In addition, External Audit presented their Annual Report for 2022/23 and also the proposed Audit Opinion and Letter of Representation
- The Director of Finance presented a paper that updated the Committee on three Service Audits that were prepared in accordance with the International Standard on Assurance Engagement No. 3402: Practitioner Services, National IT Services and National Single Instance. Mr Urquhart asked the Committee to note that all three audit reports had been awarded an unqualified opinion.
- Mr Urquhart presented a Standing Financial Instructions (SFI) Waiver report at the June 2023 meeting that summarised five instances where a waiver had been approved for the purchase of medical devices or delivery of capital projects.
- The Principal Auditor provided regular updates on the work of Counter Fraud Services throughout the year including updates on local cases within NHS Forth Valley that had been subject to Counter Fraud Services reviews.
- The Risk Management Annual Report was presented to Committee at the October 2023 meeting where members were given assurance that there were adequate and effective risk management arrangements in place within NHS Forth Valley. The Committee were also provided with an update on Strategic Risks each quarter throughout the financial year.
- At the October 2023 and January 2024 meetings Mr Urquhart updated the Committee on the Section 22 Report that had been requested by the Auditor General for Scotland resulting from some significant issues reported within NHS Forth Valley's External Audit Annual Report.
- Throughout the financial year the Committee were provided with updates on progress in relation to the South-East Payroll Consortium Programme to deliver a Shared Services approach to payroll services and a single employer process. It was also agreed that moving forward, the regular updates would be presented to the Performance and Resources Committee.
- At the March 2024 meeting the Regional Audit Manager presented the updated Internal Audit Framework and the Committee were also provided with an overview of the findings within the Internal Control Evaluation for 2022/23 at the January 2024 meeting.
- Throughout the financial year the Committee were presented with papers and updates outlining work progressed following NHS Forth Valley being escalated to Stage 4 of the NHS Scotland Performance Escalation Framework for concerns relating to Governance, Leadership and Culture. Concerns had also been raised in relation to a range of performance-related issues, notably in GP and Primary Care Out of Hours services, unscheduled care, mental health, and integration.
- The Head of Policy and Performance provided regular updates on work performed on the Code of Corporate Governance and also NHS Forth Valley's Best Value Framework.
- The External Audit Annual Plans for 2023/24 was approved at the March 2024 meeting.
- Updates to NHS Forth Valley's Standing Orders, Standing Financial Instructions, Scheme of Delegation and Committee remits within the Code of Corporate Governance were presented by the Director of Finance at the March 2024 meeting.
- The Audit Committee Annual Report was approved at the meeting held in March 2024.

Specific areas of future work will include:

- The 2023/24 Statutory Accounts for Exchequer, Endowment and Patient Funds will be reviewed at the Audit and Risk Committee meeting scheduled for 14th June 2024.
- Internal Audit Plan for 2024/25 – completed via a comprehensive risk assessment process.

- The Board will continue to work in partnership with the Scottish Government and External Audit in times of significant uncertainty over the longer term level of funding that will be provided to Boards across Scotland. This will allow the Board to continue to progress further service redesign and help deliver operating efficiencies.
- Ongoing implications of changes to International Financial Reporting Standards and their impact on NHS Forth Valley will continue to be monitored.
- Recommendations made within both Internal and External Audit reports will continue to be reviewed as part of the Audit Follow-up process and regular update reports will also continue to be presented to the Committee.

4. ASSESSMENT CHECKLIST

In line with guidance published in the Scottish Government Handbook, the Audit and Risk Committee Terms of Reference should be regularly reviewed and in addition the Audit and Risk Committee should also review its own effectiveness. To assist this process the Self-Assessment Checklist from the Audit and Assurance Committee Handbook was developed is appended at Appendix 3 and is an update to the checklist completed in March 2023. The Audit and Risk Committee Terms of Reference were reviewed at the meeting of 22nd March 2024.

5. CONCLUSION

Statement of Assurance
Throughout 2023/24 the Audit and Risk Committee received reports from Internal and External Audit. These reflected work identified in the approved Internal Audit Plan or reports which had a national perspective but a local impact.

The Committee has considered these reports to seek reassurance that the Board has in place an effective system of internal control which gives reasonable assurance that assets are safeguarded, waste or inefficiency avoided and reliable financial information produced and that value for money is continuously sought.

I am satisfied as Chair of the Audit and Risk Committee that the conduct of business, including the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Code of Corporate Governance.

(signed)…….

Cllr Fiona Collie (Chair, Audit & Risk Committee)
NHS Forth Valley
March 2024

Appendix 1

AUDIT COMMITTEE ATTENDANCE RECORD – 2023/24

Members

NAME	POSITION	ORGANISATION	20/06/23	20/10/23	26/01/24	22/03/24
Cllr Fiona Collie	Chairperson	Audit & Risk Committee	P	P	P	
Mr Robert Clark	Member	Audit & Risk Committee	P	P	P	
Mr John Stuart	Member	Audit & Risk Committee	P	P	P	
Cllr Danny Gibson	Member	Audit & Risk Committee	P	-	-	-
Cllr Gerry McGarvey	Member	Audit & Risk Committee	-	AA	P	

In Attendance

NAME	POSITION	ORGANISATION	20/06/23	20/10/23	26/01/24	22/03/24
Mr Scott Urquhart	Director of Finance	NHS Forth Valley	P	P	P	
Mrs Cathy Cowan	Chief Executive	NHS Forth Valley	P	-	-	-
Mrs Amanda Croft	Interim Chief Executive	NHS Forth Valley	-	P	-	
Mr Tony Gaskin	Chief Internal Auditor	FTF Audit Services	P	-	-	
Mrs Jocelyn Lyall	Regional Audit Manager	FTF Audit Services	P	-	P	
Ms Shona Slayford	Principal Auditor	FTF Audit Services	P	P	P	
Mr Barry Hudson	Regional Audit Manager	FTF Audit Services	-	P	-	
Mrs Anne Marie Machan	Regional Audit Manager	FTF Audit Services	-	-	P	
Mr Pat Kenny	External Audit	Deloitte LLP	P	-	-	
Mr Sandy Denholm	External Audit	Deloitte LLP	P	-	P	
Ms Karlyn Watt	External Audit	Deloitte LLP	-	P	-	-
Mr Robert Taylor	Chartered Accountant	Dickson & Middleton	P	-	-	-
Ms Sara Mackenzie	Corporate Risk Manager	NHS Forth Valley	P	-	-	-
Mrs Kerry Mackenzie	Head of Performance	NHS Forth Valley	-	P	P	
Ms Vicky Webb	Risk Manager	NHS Forth Valley	-	P	P	
Mrs Jillian Thomson	Deputy Director of Finance	NHS Forth Valley	P	P	P	
Mrs Christine Carruthers	Accounting Services Manager	NHS Forth Valley	P	-	-	-
Mrs Christine Crosbie	Endowment Manager	NHS Forth Valley	P	-	-	-
Ms Jennifer Rodgers	Consultant in Dental Public Health	NHS Forth Valley	-	-	P	
Mr Graeme Bowden	Capital Accountant	NHS Forth Valley	P	P	P	-

Appendix 2

AUDIT COMMITTEE

SCHEDULE OF BUSINESS CONSIDERED 2023/24

All business discussed was in an Open Forum.

DATE OF MEETING	TITLE OF BUSINESS CONSIDERED
20 June 23 *	Minutes of Previous Meeting
*	Declarations of Interest
*	Action Log & Matters Arising
*	Patients Funds Members Report & Annual Accounts
*	Endowment Funds Members Report & Annual Accounts
*	Internal Audit Progress Report
*	Internal Audit Annual Report 2022/23
*	Internal Audit Annual Plan 2023/24
*	Proposed External Audit Annual Report 2022/23 incorporating ISA260 Report
*	Proposed Audit Opinion and Letter of Representation
*	NHS Forth Valley Annual Accounts 2022/23
*	Audit Follow-Up Report
*	Audit Follow-Up Protocol
*	Annual Reports and Assurance Statements 2022/23
*	SFI Waiver Highlight Report
*	Strategic Risk Register – Quarter 4 2022/23 Update
*	Risk Appetite Statements
*	Counter Fraud Services Quarterly Report - Quarter ending 31st March 2023
*	Counter Fraud Services Year End Report 2022/23
*	Service Audit Reports
20 Oct 2023 *	Minutes of Previous Meetings
*	Declarations of Interest
*	Action Log & Matters Arising
*	National Shared Services – Payroll
*	Internal Audit Progress Report
*	NHS Forth Valley Section 22 Report
*	Audit Follow-Up Report
*	Strategic Risk Register – Quarters 1 & 2 2023/24 Updates
*	Risk Management Annual Report 2022/23
*	External Review of Governance
*	Governance Self-Assessment
*	Counter Fraud Services Quarterly Report - Quarter ending 30th June 2023
*	Property Transaction Monitoring
26 Jan 2024 *	Minutes of Previous Meeting
*	Declarations of Interest
*	Action Log & Matters Arising
*	Internal Audit Progress Report
*	Internal Control Evaluation
*	External Audit Progress Report

DATE OF MEETING	TITLE OF BUSINESS CONSIDERED
*	NHS Forth Valley Section 22 Report
*	Audit Follow-Up Report
*	Strategic Risk Register – Quarter 3 2023/24 Update
*	SEPC – NSS Internal Audit Report on Core Financial Controls
*	Corporate Governance Review
*	Counter Fraud Services Quarterly Report - Quarter ending 30th September 2023
*	Fraud Action Plan 2023/24
22 Mar 2024 *	Minutes of Previous Meeting
*	Declarations of Interest
*	Action Log & Matters Arising
*	Internal Audit Progress Report
*	Internal Audit Framework
*	External Audit Annual Plan 2023/24
*	NHS in Scotland 2023
*	Audit Follow-Up Report
*	Strategic Risk Register – Quarter 4 2023/24 Update
*	Best Value Framework
*	Audit and Risk Committee Terms of Reference
*	Audit and Risk Committee Annual Report 2023/24
*	Code of Corporate Governance
*	NHS Scotland Accounting Manuals 2023/24
*	Legal Claims
	National Fraud Initiative
*	Counter Fraud Services Quarterly Report - Quarter ending 31st December 2023

Appendix 3

SELF ASSESSMENT CHECKLIST

Role and remit	**YES/NO/NA**	**Comments/Action**
Does the audit committee have written terms of reference?	Yes	
Do the terms of reference cover the core functions of an audit committee as identified in the *SG Audit Committee Handbook*?	Yes	
Are the terms of reference approved by the audit committee and reviewed periodically?	Yes	Reviewed Annually
Has the audit committee been provided with sufficient membership, authority and resources to perform its role effectively and independently?	Yes	
Does the body's governance statement mention the audit committee's establishment and its broad purpose?	Yes	
Does the audit committee periodically assess its own effectiveness?	Yes	Annual Report Prepared
Membership, induction and training	**YES/NO/NA**	**Comments/Action**
Has the membership of the audit committee been formally agreed by the management board and or Accountable Officer and a quorum set?	Yes	
Are members appointed for a fixed term?	Yes	Membership reviewed Annually
Does at least one of the audit committee members have a financial background?	Yes	
Are all members, including the chair, independent of the executive function?	Yes	
Are new audit committee members provided with an appropriate induction?	In Part	Induction provided to New Board Members and review of Individual Training needs discussed with Chair.
Has each member formally declared his or her business interests?	Yes	Annual Declaration Declaration of Interests requested at each Committee Meeting
Are members sufficiently independent of the other key committees of the Board?	Yes	As far as is feasible recognising limited number of Non Executive Directors
Has the audit committee considered the arrangements for assessing the attendance and performance of each member?	Yes	Attendance recorded in Annual Report. Chair meets with each Non Executive Director annually.

Meetings	YES/NO/NA	Comments/Action
Does the audit committee meet regularly, at least four times a year?	Yes	
Do the terms of reference set out the frequency and broad timing of meetings?	Yes	Timing covered in Agenda
Does the audit committee calendar meet the body's business and governance needs, as well as the requirements of the financial reporting calendar?	Yes	
Are members attending meetings on a regular basis and if not, is appropriate action taken?	Yes	
Does the Accountable Officer attend all meetings and, if not, is he/she provided with a record of discussions?	Yes	
Does the audit committee have the benefit of attendance of appropriate officials at its meetings, including representatives from internal audit, external audit and finance?	Yes	
Internal control	**YES/NO/NA**	**Comments/Action**
Does the audit committee consider the findings of annual reviews by internal audit and others, on the effectiveness of the arrangements for risk management, control and governance?	Yes	
Does the audit committee consider the findings of reviews on the effectiveness of the system of internal control?	Yes	
Does the audit committee have responsibility for review of the draft governance statement and does it consider it separately from the accounts?	In part	The Governance Statement is reviewed as part of the Annual Accounts Approval process The Governance Statement requirements were considered by the Committee.
Does the audit committee consider how accurate and meaningful the governance statement is?	Yes	Internal and External Audit both review the Annual Governance Statement and provide comment prior to Audit Committee review.
Does the audit committee satisfy itself that the arrangements for risk management, control and governance have operated effectively throughout the reporting period?	Yes	Internal Audit Annual Report. Audit Committee also approves the Risk Management Strategy and receives the Risk Management Annual Report.
Has the audit committee considered how it should coordinate with other committees that may have responsibility for risk management and corporate governance?	Yes	Risk Management control process is responsibility of Audit and Risk Committee. The Strategic Risk Register is reviewed by Forth Valley NHS Board on a quarterly basis, with relevant risks considered at each Governance Committee.
Has the audit committee satisfied itself that the body has adopted appropriate arrangements to counter and deal with fraud?	Yes	Regular Reports are considered and a presentation on the role of Counter Fraud services was delivered.

Has the audit committee been made aware of the role of risk management in the preparation of the internal audit plan?	Yes	Process is covered in both 5-Year and Annual Plan.
Does the audit committee's terms of reference include oversight of the risk management process?	Yes	
Does the audit committee consider assurances provided by senior staff?	Yes	
Does the audit committee receive and consider stewardship reports from senior staff in key business areas such as Finance, HR and ICT?	NA	Audit Committee role covers assurance and other Committees and the Board cover Performance.
Financial reporting and regulatory matters	**YES/NO/NA**	**Comments/Action**
Is the audit committee's role in the consideration of the annual accounts clearly defined?	Yes	
Does the audit committee consider, as appropriate:		
• the suitability of accounting policies and treatments	No	Nationally determined; changes approved.
• major judgements made	Yes	As part of the Annual Accounts process.
• large write-offs	Yes	Reported but Scheme of Delegation covers. SGHD are required to approve over a certain limit.
• changes in accounting treatment	Yes	
• the reasonableness of accounting estimates	No	Predominantly major issues will have been included in Performance Reports.
• the narrative aspects of reporting?	NA	Not in role; reviews accounts.
Is an audit committee meeting scheduled to receive the external auditor's report to those charged with governance including a discussion of proposed adjustments to the accounts and other issues arising from the audit?	Yes	
Does the audit committee review management's letter of representation?	Yes	Issues covered in External Audit Report.
Does the audit committee gain an understanding of management's procedures for preparing the body's annual accounts?	In part	Covered through Audit Review and timetabling.
Does the audit committee have a mechanism to keep it aware of topical legal and regulatory issues?	Yes	Part of Remit
Internal audit	**YES/NO/NA**	**Comments/Action**
Does the Head of Internal Audit attend meetings of the audit committee?	Yes	

Does the audit committee approve, annually and in detail, the internal audit plans including consideration of whether the scope of internal audit work addresses the body's significant risks?	Yes	
Does internal audit have a direct reporting line, if required, to the audit committee?	Yes	
As well as an annual report from the Head of Internal Audit, does the audit committee receive progress reports from the internal audit service?	Yes	
Are outputs from follow-up audits by internal audit monitored by the audit committee and does the committee consider the adequacy of implementation of recommendations?	Yes	Responsibility for monitoring the Follow-up process transferred to Internal Audit during 2022/23 with the protocol updated accordingly. Status reports are presented at each meeting of the Audit & Risk Committee.
If considered necessary, is the audit committee chair able to hold private discussions with the Head of Internal Audit?	Yes	
Is there appropriate co-operation between the internal and external auditors?	Yes	
Does the audit committee review the adequacy of internal audit staffing and other resources?	In part	Any issues would be covered in Progress Reports. FTF Partnership Board reviews staffing arrangements.
Are internal audit performance measures monitored by the audit committee?	In part	Internal audit KPIs are normally reported to A&R Committee as part of the progress reports to each meeting. Due to issues associated with an update of the Retain time management system, performance measures were not reported in June and October 2022. KPIs were reported to the January and March 2023 meetings and will be reported in the internal audit annual report 2022/23.
Has the audit committee considered the information it wishes to receive from internal audit?	Yes	Receives routine, Internal Control Evaluation and Annual Reports where comment opportunity available to change.
Has the Committee considered formal terms of reference defining internal audit's objectives, responsibilities, authority and reporting lines?	Yes	Defined in Standing Financial Instructions and Audit Service Level Agreement and Service Specification.
External audit	**YES/NO/NA**	**Comments/Action**
Does the external audit representative attend meetings of the audit committee?	Yes	
Do the external auditors present and discuss their audit plans and strategy with the audit committee (recognising the statutory duties of external audit)?	Yes	
Does the audit committee chair hold periodic private discussions with the external auditor?	Yes	Opportunity provided annually to meet the Audit Committee Chair in private. Also includes Internal Audit.

Does the audit committee review the external auditor's annual report to those charged with governance?	Yes	
Does the audit committee ensure that officials are monitoring action taken to implement external audit recommendations?	Yes	
Are reports on the work of external audit presented to the audit committee?	Yes	
Does the audit committee assess the performance of external audit?	Yes	Questionnaire on performance circulated by Audit Scotland. Completed in part by the Director of Finance and in part by Audit Committee Chair.
Does the audit committee consider the external audit fee?	Yes	As part of the Annual External Audit Plan but with limited opportunity to influence
Administration	**YES/NO/NA**	**Comments/Action**
Does the audit committee have a designated secretariat?	Yes	
Are agenda papers circulated in advance of meetings to allow adequate preparation by audit committee members?	Yes	
Do reports to the audit committee communicate relevant information at the right frequency, time, and in a format that is effective?	Yes	
Does the audit committee have guidelines and/or a pro forma concerning the format and content of the papers to be presented?	NA	Standard Board format utilised as far as possible.
Are minutes prepared and circulated promptly to the appropriate people, including all members of the Board?	Yes	Draft Minutes are prepared and circulated to the next feasible Board Meeting.
Is a report on matters arising presented or does the chair raise them at the audit committee's next meeting?	Yes	Matters Arising on each Agenda. Opportunity for any attendee to raise a Matter Arising at the meeting.
Do action points indicate who is to perform what and by when?	Yes	As applicable
Does the audit committee provide an effective annual report on its own activities?	Yes	
Overall	**YES/NO/NA**	**Comments/Action**
Does the audit committee effectively contribute to the overall control environment of the organisation?	Yes	The Audit and Risk Committee has a key role in contributing to the overall control environment through its workplan.
Are there any areas where the audit committee could improve upon its current level of effectiveness?	Yes	Updates have been made to the draft Terms of Reference to reflect improvements and consistency with other Committees.
Does the audit committee seek feedback on its performance from the Board and Accountable Officer?	Yes	Summarised outputs from the Committee are reported to the NHS Board.

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

20.2 Approved Clinical Governance Committee Annual Report 2023/2024
For Assurance

Committee Chair: Dr Michele McClung, Non-executive Director

ANNUAL REPORT OF FORTH VALLEY CLINICAL GOVERNANCE COMMITTEE FOR THE YEAR ENDED 31 MARCH 2024

Medical Director Overview of Year.

During the year April 2023 to March 2024 there were capacity pressures across the wider system with particular clinical impact within the acute site. The clinical teams were supporting improvements in relation to the safe delivery of care workstreams across the whole system. During this period the Health Board was in level 4 escalation for governance, leadership and culture which had an impact on some scheduled meetings and Board members availability for visiting clinical areas. During this time patient safety remained a priority across NHS Forth Valley with effective clinical governance at all levels of the organisation.

I would like to thank the members and attendees of the Clinical Governance Committee for their ongoing support to clinical governance as well as those members of staff who have prepared and presented reports for the meetings.

Mr Andrew Murray, Medical Director

1. PURPOSE

To assist NHS Forth Valley Board in conducting a regular review of the effectiveness of the systems of internal control, the Standing Orders within the Code of Corporate Governance requires that this Standing Committee submits an annual report to the NHS Board. This report is submitted in fulfillment of this requirement.

2. CLINICAL GOVERNANCE COMMITTEE

2.1 Purpose of Committee

The purpose of the Clinical Governance Committee in 2023/2024 was to provide the NHS Board with:

- Systems assurance – to ensure effective Clinical Governance is in place and effective throughout the local NHS system and services and is effective in services that are commissioned from independent providers and other partner agencies.

- Public Health Governance – to ensure that the principles and standards of clinical governance are applied to the health improvement, health protection and healthcare public health activities of the Board.

- Clinical Risk Management - assurance that an appropriate approach is in place to deal with clinical risk management across the system, working within the NHS Forth Valley Risk Management Strategy

2.2 Composition

During the financial year ended 31 March 2024 membership of Clinical Governance Committee comprised:

Present:

- Dr Michele McClung, Non- Executive Director, Committee Chair
- Mr Gordon Johnston, Non-Executive Director, Committee Vice Chair
- Mrs Kirstin Cassells, Area Clinical Forum Chair
- Mr Robert Clark, Employee Director
- Ms Janie McCusker, NHS Forth Valley Chair
- Cllr Wendy Hamilton, Non-Executive Director
- Mr John Stuart, Non-Executive Director
- Mrs Margo Biggs, Patient Public Panel member
- Mrs Helen McGuire, Patient Public Panel member

In Attendance:

- Mr Andrew Murray, Medical Director (Executive Lead)
- Ms Laura Byrne, Director of Pharmacy
- Mrs Cathie Cowan, Chief Executive (until September 2023)
- Ms Amanda Croft, Interim Chief Executive (from November 2023)
- Dr Jennifer Champion, Acting Director of Public Health
- Professor Frances Dodd, Executive Nurse Director
- Ms Linda Donaldson, Director of Human Resources (until August 2023)
- Mr Kevin Reith, Interim Director of Human Resources (from November 2023)
- Mrs Lynda Bennie, Head of Clinical Governance
- Mr Jonathan Horwood, Infection Control Manager
- Miss Jennifer Brisbane (PA to Medical Director)

2.3 Meetings

The Committee has met on six occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates: -

Tuesday 23 May 2023
Tuesday 01 August 2023
Tuesday 5 September 2023
Tuesday 14 November 2023
Tuesday 16 January 2024
Tuesday 12 March 2024

The Clinical Governance Committee attendance record for 2023/2024 is attached

at **Appendix 2**.

All meetings of the Clinical Governance Committee were quorate.

3. BUSINESS

The Committee considered both scheduled and emerging priorities to ensure appropriate flow of information and breadth of clinical risk and governance was captured during the financial year 2023/2024 with a specific focus on patient safety and harm reduction. The meeting agendas were structured following the Vincent Framework [1] and were carried into the meeting agendas throughout the year to demonstrably provide assurance of safe care.

1 https://www.health.org.uk/publications/the-measurement-and-monitoring-of-safety

CGC Agenda Item	Core CGC Reports and Updates Received
In Our Services Is Care Safe Today?	Information outwith the scheduled programme of reports but relevant to raise at CGC as emerging issues in line with active clinical governance
Was Care Safe in the Past?	The agenda items under this heading are reports and presentations which are standard items on the CGC agenda. These items contain key safety metrics and narrative which provides assurance of overall safety in our services
Will Care be Safe in the Future?	Risk Management and the identification of new harms raised through our NHSFV Clinical Outcomes Group (COG) are discussed in this section of the agenda
Is Our Care Person Centred?	The NHS Complaints and Feedback Performance bi-monthly reports and annual report are presented to the CGC under this item on our agenda
Are We Learning and Improving?	Under this item we share Quality Improvement workstreams as well as learning from significant adverse events
Are Our Systems Reliable?	This is the section where we receive updates on the wider system to provide assurance of safe systems and processes including Risk Management, standards and clinical guidelines

3.1 Key Assurance Reports Presented at Every CGC Meeting

Safety and Assurance Report

- This report is a standard agenda item and provides data and narrative relating to specific SPSP work streams to support safety, improvement and reducing harm.
- The report also includes directorate assurance updates from the Acute Services Directorate, Woman and Children's Directorate, Mental Health and Learning Disability Directorate and Pharmacy.
- It was agreed in the December Clinical Governance Working Group meeting that the responsibility for compiling and presenting the Safety and Assurance Report should be the Acute Services Directorate as the key information within the report is under the responsibility and accountability of acute services. The initial version of the new Acute Safety and Assurance Report was presented at the meeting in

March.
- A new Whole System Assurance Report was developed and shared with the Clinical Governance Committee at the March meeting. This report was created to provide assurance that the clinical governance processes within each of the Directorates is working as intended.

Standards and Reviews Report
- This report provides information on published standards, guidelines, inspections, and reports, with additional guidance to assist in actioning.
- This report is now only required to be tabled for noting at CGC meetings however specific 'deep dives' are undertaken and presented where appropriate.

Healthcare Associated Infections (HAI) Report
- The Healthcare Associated Infection (HAI) is a mandatory reporting tool for the Board to have oversight of the HAI targets Staph aureus bacteraemias (SABs), Clostridioides difficile infections (CDIs), device associated bacteraemias (DABs), E coli bacteraemias (ECBs), incidents and outbreaks and all HAI other activities across NHS Forth Valley.

Person Centered, Complaints, Feedback Performance Report
- This report provides a comprehensive review of complaints activity across NHS Forth Valley taking into account the number of complaints received, local resolution, compliance with the 20 day national target, SPSO referrals and examples of actions and shared learning following complaints.
- A detailed breakdown of the feedback mechanisms in place across the organisation is provided and this includes analysis of the weekly Inpatient Experience Survey's, Care Opinion, patient letters and NHS Forth Valley's Website.

Significant Adverse Event Review (SAER) Report
- Significant Adverse Events (SAEs) are events that have either resulted in or had the potential (significant near miss) to result in significant harm to people or the organisation. This report provides the Clinical Governance Committee with information on Significant Adverse Events (SAEs) in relation to the requirements specified by the Scottish Government Framework.
- The assurance level for this report was changed to 'limited' during the year 2023-2024 due to the increase in commissioned SAERs leading to a delay in reviews and therefore organisational learning being shared timeously. The committee were provided with assurance of the work being taken forward to mitigate these risks, address delays and support organisational learning.

Risk Management Report
- The report provides an update on the Strategic Risk Register with a focus on Clinical Governance risks, risk appetite, risk tolerance and escalation. Throughout the year the committee receives deep dives into the Strategic Risks aligned to the Clinical Governance Committee.

Items Identified on the Forward Planner that were not presented at the CGC meetings

All core reports and information on the Forward Planner were received by the committee with the exception of:

- Medical Appraisal and revalidation annual report was not presented as nationally this was put on pause. The process has been recommenced for 2024-2025.

3.2 Additional Items Received out-with and supplementary to the Core Assurance Reports and forward planner items:

In addition to the Forward Planner items, additional items were considered by the committee in 2023-2024.

3.3 In Our Services Is Care Safe Today? Active Governance and Emerging Issues Section

- **Safe Delivery of Care**
  Updates on the Safe Delivery of Care Oversight Group, which was established in response to the HIS unannounced inspection of FVRH, became a standing item at each committee meetings throughout the year. A key principle of the oversight group was the opportunity to share the learning across the whole system including Health & Social Care Partnerships. Mental Health & Learning Disabilities, and Women & Childrens Services, although the inspection had been focused on the acute hospital.

- **Stage 4 Escalation**
  Updates on the level 4 escalation were provided throughout the year in reports presented by the Medical Director. It was agreed that the Clinical Governance Committee would be responsible for overseeing actions and providing assurance to the escalation P&R Committee on the Safe Delivery of Care and Out of Hours Improvement Plan and the Putting Patients First report.

- **Report No. A14A/23 Review of Organisational Response to HIS Reports**
  Internal audit had been requested by the Safe Delivery of Care Oversight Group to undertake an audit of the activity of the group to ensure that the work was aligned to the HIS report requirements. The internal audit report was shared with the committee at the meeting in May where members were given the opportunity to scrutinse the areas which still required some focus

- **Out of Hours Escalation Improvement Plan**
  The Out of Hours Escalation Improvement Plan was presented to the committee at the meetings throughout the year to ensure the committee members had the opportunity to review the improvement plan and timescales for improvement and challenges to meeting the objectives

- **Letter from Michael Matheson to NHS Board Chairs and Chief Executives**
  Clinical Governance, through links with Health Improvement Scotland, received a copy of a letter sent from Michael Matheson, MSP, to NHS Board Chairs and NHS Board Chief Executives regarding the case of a healthcare worker who caused harm to patients in their care, in the Countess of Chester Hospital. The letter outlined the need for reassurance that our existing processes and systems for the early identification, reporting and robust timely investigation of patient safety concerns within NHS Scotland are fully effective. The Medical Director updated the committee on the Board response to provide assurance of systems and process in place

- **Patient Safety Conversation Visit Update**
  The committee was presented with a paper giving an overview of the visits that had taken place from April to December 2023. The paper highlighted the number of visits that took place, the number of visit cancellations as well as the themes

from the visits. Many of the committee members had actively participated in the programme of visits which supported the members input into discussion.

3.4 In Our Services, Was Care Safe in The Past?

- Scottish Patient Safety (SPSP) detailed reports which also included detail on other aspects of the wider services:

    - Acute Adult
    - Falls
    - Mental Health
    - Maternity

- **Cancer Services Update**

The committee received an update on Cancer Services including the clinical governance structures and the work being undertaken with relation to cancer waiting times, quality performance indicators and national cancer strategy. Current registered risks with regards to the oncology unit and cancer waiting times were described. Future concerns regarding current financial models with a particular relation to maintaining an experienced workforce were noted in the paper and discussed at the meeting. The level of assurance provided was limited mainly reflecting the 62 day waiting times target.

- **Hospital Standardised Mortality Ratio (HSMR)**

This a key and overarching indicator of the quality and safety of care in the acute hospital. The HSMR should be below 1 wherever possible. In July 2021 to June 2022 HSMR in NHS Forth Valley was greater than 1 for the first time in 3 years. The Medical Director provided assurance of the work undertaken to establish any causative factors for the increase during that time period as well as providing detail of how HSMR is actively managed through the clinical governance structures.

3.5 Will Care Be Safe in the Future?

- An Assurance Deep Dive on the Out of Hours Strategic Risk was presented to the committee in May, giving the members the opportunity for scrutiny and discussion regarding the mitigation and timescales.

- An Assurance Deep Dive into SRR004 Scheduled Care was presented to the committee by the Corporate Risk Manager and Head of Service.

- An Assurance Deep Dive into SRR002 Urgent and Unscheduled Care was presented to the committee by the Corporate Risk Manager. A limited level of assurance was recommended due to the nature of the performance assessed within the report. There was assurance the workstreams identified are the correct ones but until the improvement in performance is demonstrated, the level of assurance is limited.

- A Triggered Deanery visit to Internal Medicine and associated specialties took place by the West of Scotland Deanery in January 2023. The committee received an update on the visit and the improvement plan which reported a level of limited assurance due to the challenges in delivering the objectives. A progress update was shared with the committee at the meeting in November.

- Public Health updates were provided to the committee throughout the year. These presentations and papers included a specific focus on Dental services, Public

Health-SHBBV MCN Hepatitis C Elimination Update as well as general updates related to public health governance.

- The committee were presented with a 6-month update on the progress of the Clinical Governance Strategic Implementation Plan workstreams which support clinical governance. Some of the workstreams were embedded where others were still being progressed, but all were on track with meeting the objectives of the plan.

3.6 Is Our Care Person Centered?

- There were no papers presented in this section out with the standard agenda reports.

3.7 Are We Learning and Improving?

- **Forth Valley Quality Strategy**

At the meeting in August the committee was provided with an account and evidence of progress in Year 2 implementation of the Forth Valley Quality Strategy (2021-2026). The committee was provided with a limited level of assurance and was asked to note the key areas for discussion and scrutiny of the five initial priorities, service pressures, the proactive engagement with the national quality and safety improvement programs and the plan for Year 3.

- **Significant Adverse Event Reviews**

There has been an increase in the number of Significant Adverse Event Reviews being commissioned due to improvements in raising awareness of clinical governance and embedding the clinical governance processes particularly in the Acute Services Directorate. The committee were presented with a paper explaining the reasons for the increase as well as the plans for improvement and risk mitigation.

3.8 Are our Systems Reliable?

- **Internal Audit**

The Annual Internal Audit Report 22/23 Report No. A06/24 was shared with the committee. There was also a paper presented which updated on the current situation in relation to the audit and the committee were asked to focus on the actions and recommendations specific to Clinical Governance

- **Inspection and Scrutiny Visits**

The committee were presented with a paper and flowchart which described a new process which was developed to ensure that any announced or unannounced inspection or scrutiny visits would be notified to the Medical and Executive Nurse Director and Board members as appropriate. This was in response to the Clinical Governance Committee not having oversight of the HIS inspection findings prior to the report publication.

- **External Review of Emergency Department**

An external review was commissioned in December 2020 in response to concerns raised in the Emergency Department in FVRH. The committee was asked to review the 14 recommendations related to Clinical Governance to ensure they had been actioned appropriately. A paper was presented at the meeting in September to provide assurance that the recommendations were now business as usual through the clinical governance structures and framework.

3.9 For Approval

- During the year April 2023 to March 2024 the following documents were approved by the committee members:
    - Clinical Governance Strategic Implementation Plan 2022-2026
    - Terms of Reference and committee planner 2023-2024
    - Clinical Governance Committee Annual Report 2022-2023
    - Duty of Candour Annual Report 2022-2023
    - Patient Safety Conversation Visit Annual Report 2022-2023
    - Annual Feedback and Complaints Report 2022-2023

3.10 Further Assurance

- During the year reports are presented to the committee to provide assurance of compliance with agreed priorities and legislation Reports presented:
    - Clinical Governance Working Group minutes
    - Organ Donation Committee minutes
    - Area Prevention and Control of Infection Committee minutes
    - Child Protection Assurance Group minutes
    - Healthcare Associated Infection (HAI) Annual Report
    - Clinical Governance Working Group Annual Report
    - Child Protection Annual Report
    - Medical Education Appraisal Annual Report
    - Adult Support and Protection Update
    - Gender Based Violence Update
    - Controlled Drugs Assurance SBAR and CD Reporting Template

4. SUMMARY

Through the financial year 2023/24 the Clinical Governance Committee was presented with various items and outcomes can be summarised as follows:

- Assurance and Governance was provided by having an oversight and adequate reporting mechanisms from the various groups within the Clinical Governance infrastructure.
- While the agenda structure provided a breadth of safety assurance, there was also scrutiny of proposed changes to systems and processes specifically related to the impact on patient safety from capacity and system pressures.
- It was agreed that due to the level of information presented for discussion and scrutiny the number of meetings scheduled would remain at 6 per year.
- Other elements of the Clinical Governance infrastructure report directly to the committee either because it is sensible to do so, or in compliance with guidance with an example being Healthcare Associated Infection.
- Due to the capacity and system pressures, it has not been possible to include clinical representatives from the services to present directly to the Committee but through the minutes of the Clinical Governance Working Group and standard reports there is a means of capturing safety issues internally generated and those that come from external agencies.
- A review of the Clinical Governance Committee Terms of Reference was undertaken. Amendments were approved.
- The Clinical Governance Committee Forward Planner outlined the major items the Clinical Governance Committee had to consider as part of its schedule of work for 2023/2024 supporting the committee to fulfil its terms of reference.

5. CONCLUSION

STATEMENT OF ASSURANCE

As Chair of the Clinical Governance Committee during the year 2023/2024, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in Standing Orders. The assurance levels for each paper presented at the meetings reflected the current situation, including some which provided limited assurance at the time of presentation. The authors of all reports attended the meetings to provide assurance of actions, outcomes and risk mitigations in place. As a result of the work undertaken during the year, I can confirm that adequate scrutiny of Clinical Governance arrangements was in place throughout NHS Forth Valley during the year.

During the year 2023/24 the Board was in level 4 escalation with some aspects of the Assurance and Improvement being aligned to the committee. The Safe Delivery of Care oversight group reported to the committee to provide assurance of the HIS inspection requirements. The committee over the year had a key responsibility to scrutinise the papers presented to ensure safe care and appropriate assurance and escalation was in place throughout the clinical governance structures.

I would like to pay tribute to the dedication and commitment of fellow members of the committee and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings of the committee.

Dr Michele McClung

CHAIRPERSON 2023/2024
On behalf of the CLINICAL GOVERNANCE COMMITTEE

Clinical Governance Committee – Record of Attendance – Year 1 April 2023 to 31 March 2024 **Appendix 1**

NAME	POSITION	23 May 2023	01 August 2023	5 September 2023	14 November 2023	16 January 2024	12 March 2024
		MEMBERS					
Mrs Margo Biggs	Public Involvement Network	Present	Present	Present	Present	Apologies	Present
Mrs Kirstin Cassells	Area Clinical Forum Chair	Present	Present	Present	Present	Present	Apologies
Mr Robert Clark	Employee Director	Present	Present	Apologies	Present	Present	Present
Cllr Wendy Hamilton	Non-Executive Member	Present	Apologies	Present	Present	Present	Apologies
Mr Gordon Johnston	Non- Executive Member	Present	Present	Present	Present	Present	Present
Ms Janie McCusker	NHS Forth Valley Chair	Present	Present	Present	Apologies	Present	/
Dr Michele McClung	Committee Chair	Present	Present	Present	Present	Present	Present
Mrs Helen McGuire	Public Involvement Network	Present	Present	Present	Present	Present	Present
Mr John Stuart	Non-Executive Director	Present	Present	Present	Present	Present	Present
		IN ATTENDANCE					
Mrs Lynda Bennie	Head of Clinical Governance	Present	Present	Present	Present	Present	Present
Miss Jennifer Brisbane	Minute Taker	Present	Present	Present	Present	Apologies	Present
Ms Laura Byrne	Director of Pharmacy	Present	Present	Present	Present	Present	Present
Mrs Cathie Cowan	Chief Executive	Present	Present	Apologies	/	/	/
Ms Amanda Croft	Interim Chief Executive	/	/	/	Present	Apologies	Apologies
Dr Jennifer	Acting Director of	Apologies	Present	Apologies	Present	Present	Present

Champion	Public Health						
Ms Linda Donaldson	Director of Human Resources	Apologies	Apologies	/	/	/	/
Prof Frances Dodd	Executive Nurse Director	Present	Present	Present	Present	Present	Present
Mr Jonathan Horwood	Infection Control Manager	Present	Present	Present	Present	Present	Present
Mr Andrew Murray	Medical Director & Executive Lead	Present	Present	Present	Present	Present	Present
Mr Kevin Reith	Interim Director of Human Resources	/	/	/	Apologies	Present	Apologies

Key:
/ Attendance not required
** Absent – No apologies received

Clinical Governance Committee Forward Planner 2023/24 Appendix 2

Clinical Governance Committee Forward Planner 2023/24						
*core report	23 May 23	1 Aug 2023	5 Sept 2023	14 Nov 2023	16 Jan 2024	12 Mar 2024
IS CARE SAFE TODAY?						
Organisational Safety Huddles	REAL TIME					
Care Assurance System	REAL TIME					
Leadership Walk-rounds & Safety Conversations	SCHEDULED PROGRAMME					
WAS CARE SAFE IN THE PAST?						
*Safety And Assurance Report	☑	☑	☑	☑	☑	☑
Care Assurance Update	BY EXCEPTION					
HSMR Detailed Review				☑		
SPSP Update (Workstreams below)						
Falls	☑					
Pressure Ulcer / CAUTI	BY EXCEPTION					
Mental Health		☑				
Medicines / Primary Care	BY EXCEPTION					
Maternity			☑			
Scottish National Audit Program (SNAP)	AS PUBLISHED, DETAIL BY EXCEPTION					
Cancer Update				☑		
*Healthcare Associated Infection (HAI) Report	☑	☑	☑	☑	☑	☑
WILL CARE BE SAFE IN THE FUTURE?						
*Risk Management Update	☑ (Q4)	☑ (Q1)	☑ (Q2)		□ (Q3)	
New Harms Identified Through COG	BY EXCEPTION					
Essential Safety Training Completion	STAFF GOVERNANCE COMMITTEE					
Implementation of Quality Strategy	BY EXCEPTION					
CG Strategic Implementation Plan	☑			☑		
*Public Health Update	☑	☑	☑	☑	☑	☑
IS OUR CARE PERSON CENTRED?						
*Person Centred / Complaints / SPSO	☑	☑	☑	☑	☑	☑
Person Centred – Annual Report	☑					
ARE WE LEARNING AND IMPROVING						
Quality Improvement Report	☑					
*Significant Adverse Event Report	☑	☑	☑	☑	☑	☑
Duty of Candour	BY EXCEPTION					
Duty of Candour Annual Report	☑					
ARE OUR SYSTEMS RELIABLE?						
*Standards And Reviews	☑	☑	☑	☑	☑	☑
Additional Assurance/Deep Dive	AS REQUIRED					
Public Protection Updates:						
Child Protection Annual Report	☑					
Adult Support & Protection	☑					
Gender Based Violence	☑					
Medical Education Annual Report			☑			
Medical Appraisal & Revalidation Annual Report		☑				
Internal Audit Outstanding Actions	☑	☑	☑	☑		
TRIANGULATION						
Patient Safety Conversation Visits Update			☑			
Patient Safety Conversation Annual Report	☑					
Clinical And Care Governance Referrals	CONSIDERED ON THE AGENDA					
Exception Reporting To The Board	CONSIDERED ON THE AGENDA					
FURTHER ASSURANCE						
Clinical Governance Committee Annual Report	☑					
Clinical Governance Working Group Annual Report	☑					
CGC Terms of Reference						☑
CGC Forward Planner						☑
Organ Donation Strategy			☑			
MINUTES Clinical Governance Working Group	Ratified Minutes to be shared when available					
Organ Donation Committee						
Area Infection Prevention & Control Group						
Child Protection Assurance Group						
Adult Support and Protection Group						

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

20.3 Approved Performance & Resources Committee Annual Report 2023/2024
For Assurance

Committee Chair: Mr Martin Fairbairn, Non-Executive Director

ANNUAL REPORT OF PERFORMANCE AND RESOURCES COMMITTEE FOR THE YEAR ENDED 31 MARCH 2024

1. PURPOSE

To assist NHS Forth Valley Board in conducting a regular review of the effectiveness of the systems of internal control, the Standing Orders within the Code of Corporate Governance requires that this Standing Committee submits an annual report to the NHS Board. This report is submitted in fulfilment of this requirement.

2. PERFORMANCE AND RESOURCES COMMITTEE

2.1 Purpose of Committee

The purpose of the Performance and Resources Committee is to scrutinise the financial and non-financial performance of the Board, to ensure that appropriate arrangements are in place to deliver against organisational performance measures, to secure economy, efficiency, and effectiveness in the use of all resources, and provide assurance that the arrangements are working effectively.

2.2 Composition

During the financial year ended 31 March 2024 membership of Performance & Resources Committee comprised:

- Mr Martin Fairbairn, Non-Executive Director (Committee Chair)
- Mrs Kirstin Cassells, Area Clinical Forum Chair
- Mr Robert Clark, Employee Director
- Cllr Fiona Collie, Non-Executive Director (until April 2022) (from August 2022)
- Cllr Wendy Hamilton, Non-Executive Director
- Ms Janie McCusker, NHS Forth Valley Chair (until February 2024)

2.3 Meetings

The Committee has met on six occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates: -

Tuesday 25 April 2024
Tuesday 27 June 2024
Tuesday 29 August 2024

Tuesday 31 October 2024
Tuesday 19 December 2024
Tuesday 27 February 2025

The Performance and Resources Committee attendance record for 2023/2024 is attached at Appendix 2.

All meetings of the Performance & Resources Committee were quorate.

2.4 Business

The Committee considered both routine and specific work areas during the financial year 2023/2024. The agenda considered urgent business, financial and performance issues, and scrutiny of key issues around the NHS Board's escalation to level 4 of the now Support and Intervention Framework relevant to the Committee. In addition, focus remained on priorities and recovery from the Covid-19 pandemic as the Board works to stabilise and improve.

Areas of business considered in 2023/2024 are detailed in the Performance and Resources Committee planner at Appendix 1. Areas of business considered included:

For Approval

- Lease Proposals
- Forth Valley Royal Hospital Photovoltaic Panel Variation
- Disposal of Surplus Properties
- Performance Management Framework
- Performance & Resources Committee Annual Report 2022/2023
- Performance & Resources Committee Planner 2023/2024
- Performance & Resources Committee Terms of Reference

Better Care

- Performance Report
- DNA Update
- Scheduled Care Update
- Urgent and Unscheduled Care Flow 1 Update
- Psychological Therapies Update
- Child & adolescent Mental Health Services Update
- Winter Planning Update
- Cancer Services Update

Better Value

- Finance Report including Savings Plans
- Draft Financial Plan 2024/25 to 2028/29
- National Treatment Centre Updates
- Financial Sustainability Strategic Risk Review
- Estates and Supporting Infrastructure Strategic Risk Review
- Environmental Sustainability & Climate Change Strategic Risk Review
- Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update
- GP Sustainability Loans

- NHS Forth Valley Estate Backlog Maintenance
- Sustainability Update
- Cyber Resilience Focussed Review

Better Governance

- Information Commissioners Office Audit
- Information Governance Update
- Strategic Risk Register
- Escalation Updates
- Annual Internal Audit Report
- Internal Control Evaluation
- Information Governance Strategic Risk Review
- Information Governance Group Annual Report

For Information

- Emergency Planning and Resilience Group Minutes
- Information Governance Group Minutes
- Emergency Planning and Resilience Group Annual Report

Other Competent Business

- Website Accessibility
- Integration Scheme Timeline

3. OUTCOMES

Items Approved by the Performance & Resources Committee in 2023/2024

- The Performance & Resources Committee Forward Planner outlined the major items the Performance & Resources Committee had to consider as part of its schedule of work for 2023/2024 supporting the committee to fulfil its terms of reference.
- A review of the Performance and Resources Terms of Reference was undertaken with amendments detailed and approved.
- The Performance & Resources Committee Annual Report for 2022/2023 was approved by the Committee ahead of presentation to the NHS Board.
- The Performance Management Framework was approved with formal review in 2 years acknowledging that further work was required to define the detail within the HSCP governance and reporting arrangements to avoid duplication and allow for a streamlined process.
- Two properties were highlighted as being surplus to requirement. Approval was given to commence the trawl process as laid out in the NHS Scotland Property Transactions Handbook noting if no other public sector partner showed interest in these properties, the next step would be to place these properties on the open market. Following Trawl one property was marketed with approval for disposal.
- Two new 20-year leases were establishment in Callander Health Centre in respect of a Pharmacy and a Dental Practice.

- Forth Valley Royal Hospital photovoltaic panel variation was proposed to enable Forth Health to contract with the preferred bidder in accordance with the indicative costs presented in the Variation Response.

Better Care

- **DNA Update**

There was variation in DNA rates across services however 58% of services had improved DNA rates for new outpatients whilst 68% of services had improved rates for return outpatients. NHS Forth Valley had consistently remained below the national average for new outpatient DNA rates however areas that still required work to improve were highlighted within the presentation. Work undertaken to improve the position was detailed with a number of workstreams introduced including supporting the patient access policy.

- **Scheduled Care Update**

The Acute Directorate team was working to ensure consistent delivery of sustainable services with further potential to increase capacity through agile and flexible use of all available core resources. Work would continue to ensure a resilient workforce was in place with the correct skill mix in the appropriate areas.
Access to planned care beds has been impacted by pressure within unscheduled care with beds acquired to accommodate unscheduled care patients.
Performance within radiology was recognised as a concern as targets were not being achieved resulting in increased pressures within cancer pathways. A business case was being developed for the purchasing of a 3rd CT scanner as it was expressed that all other avenues to utilise the 2 scanners in place already had been exhausted.
The challenges being faced within Scheduled Care to drive performance were acknowledged by the committee along with the work being undertaken to support capacity and ensure activity levels.

- **Urgent & Unscheduled Care Flow 1 Update**

The aim of the Flow 1 model was early effective triage and assessment to reduce the amount of time Flow 1 presentations spend within ED or Minor Injuries. Improvement had been anticipated however this was not sustained. A number of information and recording issues were being addressed. The validity of the 70% target was questioned however it was felt that this should remain at that time until there was clarity around the Flow 1 data. There was close working with partnership colleagues and the Centre for Sustainable Delivery had been asked to support a piece of collaborative work in support of ED. Details of the whole system reset were provided in an effort to focus on reducing the number of contingency beds in use in Forth Valley Royal Hospital, intensifying efforts to reduce the number of patients delayed in discharge or transfer, and strengthening arrangements to help prevent hospital admissions.

- **Psychological Therapies**

Performance against the target remained between 60% and 70% however the service has struggled to sustain significant improvement. Data was being managed through Pentana which was supporting the service to examine and utilise their data in a proactive manner. Local improvement work was continuing supported by the use of clinician level data.
Effective matched care meant that all patients referred to psychological therapies would receive an assessment with a clinician to determine if this was the correct service for the individual and allowed for the accurate treatment options to be considered. Group options for treatment saw a reduction in waits although the wait

for individual treatment remained lengthy. The demand for the service continued to increase.
Actions to improve waits within the service included reviewing and revising the referral criteria, expanding the quality improvement work to other teams, and creating a psychological services quality improvement driver diagram.

- **Child and Adolescent Mental Health Services**

Regular meetings were continuing to consider further work to drive improvement with achieving the RTT. A plan was in place to reduce long waits and to achieve the 18-week RTT by the end of the third quarter of 2023/24. This was however dependent on stable referral numbers and stability of the workforce with recruitment to the service remaining a significant challenge and noting that this could lead to further delays. To assist with improvement the use of Pentana allowed for real time data reporting. Work continued to improve the data availability for activity performance monitoring with a particular focus on the clinician level data. Maximising clinical capacity remined a high priority within the service with work was ongoing to drive recruitment to the sub speciality positions. Work was ongoing to increase access to digital therapies. To monitor whole system progress data reporting and assurance had been enhanced.
Ongoing delivery of the CAMHS improvement plan has supported an improvement in delivery of the 18-week referral to treatment standard to over 90%.

- **Cancer Services Update**

Referrals to cancer services were noted to be increasing with performance against the 62-day national referral to treatment standard consistently about 70%. Specific areas of cancer services were highlighted to be facing a variety of challenges with regard to achievement of the waiting time target, however work was underway to support performance and improvement. Wait times against the 31-day standard for decisions for treatment within one month of referral were noted to be consistently above 95%.
Due to the complexities within Urology achieving the 62-day target was challenging with performance between 30-40%. Workforce continued to be an issue which meant that the service struggled to meet the increasing demand. Work was being carried out in a variety of areas of assist with progress.
Work was underway to determine whether resources were being used to the full potential ahead of determining whether further investment would be possible and effective. The understanding of workforce and financial plans would provide assurance on where additional funding would provide significant benefits.

- **Winter Planning Update**

The whole system Winter Plan brought together the operational winter plans for the Clackmannanshire and Stirling and Falkirk HSCPs and NHS Forth Valley, along with plans relating to resilience, winter weather, vaccination programmes and the management of seasonal infections. A comprehensive review of activity, capacity, and demand data, primarily from winters 2021-22 and 2022-23 had been undertaken and dataset agreed which would form a winter dashboard. Winter plans would constantly be reviewed and updated in response to the ever-changing system pressures, the impact of service improvements and developments in the delivery of services.

- **Performance Report**

The Performance Report was considered at each meeting of the Performance & Resources Committee. The Scorecard considered key monthly metrics in relation to system-wide performance as work continued to stabilise services and provided

a month-on-month progress overview with benchmarking against the Scotland position where available.

Better Value

- **Finance Report**

The Committee has at each of its meetings, considered the Finance Report, robustly scrutinising the underlying variances, trends, forecasts, and risks, in order to provide assurance to Forth Valley NHS Board with regard to the delivery of financial targets and achievement of Best Value.
Delivery of the savings programme was broadly on track with expectations however this was largely non-recurring and further work was required to accelerate delivery of recurring savings schemes.
The impact of service demand levels within Acute Services was highlighted as work continued to reduce the use of unfunded beds and to bring workforce levels back to approved budgeted establishment levels.

- **Financial Plan 2024/25 to 2028/29**

The scale of the financial challenge was unprecedented and given the nature of the financial environment and operating context, it was unlikely that financial balance will be delivered during the timeframe of the revenue plan.
The Plan recognised that taking account of the revenue projections for the next 5 -years period, whole system transformation was required to address longer term financial sustainability as part of the strategic direction for the future delivery of safe and effective health and care services within available resources. Financial sustainability will require to be a key theme embedded within the refresh of the NHS Forth Valley Healthcare Strategy and this must also underpin our associated future workforce and digital health strategies.
The Plan was noted to be a live document that will continue to be reviewed and updated as clarity on financial planning assumptions become available. The Plan will be updated to reflect any required changes arising from the forthcoming refresh of our Healthcare Strategy, Digital Health and Care Strategy and our workforce plan.

- **National Treatment Centre Updates**

Two additional theatres were operational supporting the National Treatment Centre (NTC) and additional car park spaces had been created through expansion. The purchase of an MRI scanner within the NTC allowed for additional diagnostic capacity.
The NTC opening was delayed however the Board continued to work closely with NHS Assure, and with Forth Health as the body responsible for delivering the programme to NHS Forth Valley through the contract variation process (PPP), to ensure that the building meets the required standards. The main concern was the potential risk identified in regard to fire compliance measures with the status unsupported. Final plans for the opening of the new ward would be confirmed following a risk assessment of options supported by guidance from technical advisors and NHS Assure.

- **Capital & Infrastructure Projects, Property Transactions, Medical Equipment and Digital & eHealth Update**

The Committee received regular updates in relation to Capital Projects, Properties, Equipment & eHealth Update, and the Digital Strategy. Updates relating to primary care premises, Falkirk Community Hospital, the National Treatment Centre detailing the NHSScotland Assure process, property transactions, and the Digital

and eHealth Delivery Plan were received with a detailed status report highlighting key dates, cost, and progress.

- **GP Sustainability Loans**

The GP Sustainability Loan Scheme was introduced by the Scottish Government in 2018 (DL (2018) 22), as set out in the National Code of Practice for GP Premises. The Board met its obligation in relation to the four GP sustainability loan applications that were presented.

- **NHS Forth Valley Estates Backlog Maintenance**

There were no 'high risk' items identified within the NHS Board's Backlog Maintenance profile however an increase in the back log was being seen as a consequence of reduced funding streams and levels of investment. A direct link was established to Strategic Risk SRR.010 as well as a risk of sourcing available funding. Consideration would be given to a whole system approach in relation to the maintenance and development of the NHS Forth Valley estate to best support the delivery of care services.

- **Sustainability Update**

In addition to the Statutory Public Bodies Climate Change Duties submission and the Annual Climate & Sustainability Report, for 2024/25 and up to 2027, a Climate Change section will now be included within Board Delivery Plans. Assurances were shared with the committee that work was ongoing to ensure expected outcomes could be delivered noting the level of scrutiny was considerable. NHS Forth Valley had previously been successful in obtaining funding from Scottish Government to support the transition to net zero. It was becoming more difficult to obtain funding meaning that future projects would need to be funded by NHS Forth Valleys own capital o. r revenue budget. An NHS Forth Valley Climate Emergency and Sustainability Board had been established to oversee the work and monitor NHS Forth Valley Boards response to the climate emergency.

Better Governance

- **Information Commissioners Office (ICO) Audit**

The ICO conducted its audit of NHS Forth Valley in January 2023. The audit consisted of a desktop review of policies, procedures, and supporting evidence submitted to the ICO, and a number of interviews with key staff, held over MS Teams. Ten recommendations were made (5 High priority, 4 Medium priority, 1 Low priority). NHS Forth Valley accepted all recommendations, and the ICO agreed the Action Plan to progress them. It was proposed that the Information Governance Group monitor the progress of the agreed actions until their completion.

- **Information Governance Update**

An assessment of NHS Forth Valley's information governance arrangements for the period January–June 2023 was presented. An assurance assessment was provided in relation to each of the four key pillars of the information governance framework (Governance & Accountability, Disclosure, Compliance, and Assurance) to enable a rounded and informed assessment of the current situation. The Information Governance Unit (IGU) initiated a project to review and assess NHS Forth Valleys arrangements for managing information requests. The aim of the project was to design arrangements which were capable of meeting existing and future demands and reduce the requirement for duplicated effort. Incremental improvements were anticipated from the implementation of this project with full

remediation anticipated to take 12-18 months. This timeline was noted as a realistic timeframe due to the current resources within the department and benchmarking against other health boards showed similar positions being seen.

- **Information Governance Group Annual Report**

The Annual Report was structured into four sections: Governance & Accountability, Disclosure, Compliance, and Assurance. NHS Forth Valley's Governance & Accountability arrangements continue to be an area of strength. However, challenges were being experienced in relation to Disclosure arrangements, specifically regarding compliance with freedom of information laws. A general assessment of reasonable assurance regarding NHS Forth Valley's information governance compliance was provided to the committee.

- **Escalation Updates**

Escalation Updates were a standing item on the agenda with progress in respect of the Escalation Improvement Plan then Assurance and Improvement plan provided. Areas of performance in relation to Urgent and Unscheduled Care, Psychological Therapies and Child & Adolescent Mental Health Services (CAMHS) were regularly reviewed either through the Performance Report or as focussed reviews. There was a focus on progress with integration in February 2024.

  - **Integration Update**

    Detail of the work undertaken regarding the transfer of Primary Care, GP Out of hours, Mental Health Services and Prison Healthcare services was provided. Relationships between both Partnerships and the NHS Forth Valley Health Board were improving with a recognition of the importance of inclusion from all parties. Whole system working had been realized across a number of areas within the organisation to continue building positive relationships and increase the opportunities for collaborative working.

- **Annual Internal Audit Report**

The Annual Internal Audit Report 2022/23 was issued to the Audit & Risk Committee in October 2023. The Report provided detail on the outcomes of the 2022/2023 internal audit and the Chief Internal Auditors opinion on the Board's internal control framework. The three areas of consideration for the Performance & Resources Committee were Corporate Governance, Financial Governance, and Information Governance. Each area was presented with a number of recommendations, Corporate Governance received 4 all of which were noted as moderate risks, 2 recommendations were noted within Financial Governance, 1 of which low risk with the other being of significant risk. Information Governance had 3 recommendations all of which merited attention. The significant risk within Financial Governance was in relation to financial sustainability.

- **Strategic Risk Register**

The Performance & Resources Committee received regular update reports on the seven risks aligned to the Committee to effectively track and scrutinise the risk mitigation progress, to provide assurance to the NHS Board on the management of risk.

Strategic Risk focussed reviews were undertaken for Financial Sustainability, Estates and Supporting Infrastructure, Environmental Sustainability & Climate Change Strategic, Information Governance and Cyber Resilience.

  - **Financial Sustainability Strategic Risk Review**

    Two levels of assurance were provided, the first considered the internal

environment which was reported as adequate with controls in place being partially effective with a Reasonable level of assurance. The second level of assurance considered the external factors in which the organisation has less control over the actions in place to mitigate the financial risks with a Limited level of assurance.

- **Estates and Supporting Infrastructure Strategic Risk Review**

The risk score for SRR010 Estates and Supporting Infrastructure was noted as 20 with a target score of 9. There were 10 current controls in place for this risk, with 2 further controls planned and underway. The controls in place and planned were preventative, however they also act as contingency controls.
Eight of the 10 current controls had been assessed as mostly effective, and one assessed as partially effective. One control required further embedding before an assurance assessment could be made. The partially effective control related to Horizon Scanning, and the area of improvement identified related to effective capturing and sharing of any learning identified.
The definition of the risk required to be reviewed.

- **Environmental Sustainability & Climate Change Strategic Risk Review**

As a result of the progress being seen against reducing the carbon emissions the risk appetite score was reduced to 16. Confirmation was provided that although the risk was now within appetite it would remain a strategic risk due to the volatility of this risk. There were 5 current controls in place, 4 of which were critical and 1 important, with a further 6 controls planned and underway.

- **Information Governance Strategic Risk Review**

A reasonable level of assurance was reported on the basis that many key controls to manage information governance and risk were assessed to be in place and mostly effective. The report provided a detailed list of the actions that will be taken forward in the next calendar year to improve the effectiveness of weaker controls.

- **Cyber Resilience Focussed Review**

Four controls were noted to be in place, 3 of which were assessed as very important with the other being absolutely critical. All current controls were noted as preventative and contingency in nature with the aim to reduce both likelihood and impact of a cyber-attack.
Monitoring the current controls was a considerable piece of work with one control referred to the Cyber Resilience Framework containing 427 sub actions to support faster recovery, lower disruption and reduce data loss. The framework was noted to be under continuous development.

- **Internal Control Evaluation (ICE)**

On 26 January 2024 the Audit and Risk Committee noted the assurance on the overall system of controls provided within the ICE report and agreed that the final report be distributed to Standing Committees for consideration. The ICE 2023/24 contained 12 recommendations, intended to embed good governance principles and to ensure coherence between Governance Structures, Performance Management, Risk Management and Assurance. Key areas that align specifically with the remit of the Performance & Resources Committee were considered where it was noted that topics discussed within committee meetings comply with the remit reported.

- **Minutes**

Minutes of the Information Governance Group and Emergency Planning and Resilience Group were regularly received by the Committee.

Minutes of each meeting of the Performance & Resources Committee have been timeously submitted to the Board.

4. RISK ASSURANCE AND REPORTING

The Performance and Resources Committee receives updates and assurance reports on the following Strategic Risks currently aligned to the Committee on a quarterly basis. The year end position for each of these Strategic Risks is highlighted in table 1.

Table 1: Performance & Resources Committee Strategic Risks

Code	Risk Title	Risk Status	Key Mitigation
SRR.003	**Information Governance** If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements, there is a risk we would experience systemic compliance issues and inability to use our information assets effectively, resulting in reputational damage and potential legal breaches leading to financial penalties.	**12**	**Current**: • Mandatory Information Governance Training for all staff. • Robust processes and procedures. • Technical & Physical Security Controls. • Supplier management. • Routine review and disposal processes. • Information Asset Register • Security Incident Management Process. **Further**: • Revise DPIA processes.
SRR.005	**Financial Sustainability** If our recurring budget is not sufficient to meet the recurring cost base there is a risk there will be an increasing recurring gap in our finances, resulting in an inability to achieve and maintain financial sustainability, and a detrimental impact on current/future service provision.	**25**	**Current**: • Savings Plans to minimise medicines spending. • Maximise the Value from Workforce spend. • Structured Savings Plans. • Communications Programme – 'Spending Well'. • Cost Awareness Programme. • Financial Recovery Plan with a Focus on Acute Directorate. • Addition of Cost Improvement section to the Assurance and Improvement Plan. • System is in place for recharging overseas residents. **Further**: • Internal Audit Review of Financial Sustainability.

Code	Risk Title	Risk Status	Key Mitigation
			• Establishment of a Financial Savings Oversight Group by the CEX.
SRR.010	**Estates and Supporting Infrastructure** If a whole system, multidisciplinary approach is not applied, there is a risk that we will not make best use of available capital and revenue funding, via prioritisation and allocation, to fully proceed with existing Estates and Infrastructure plans, make new development plans, or maintain and enhance the existing estate. This will result in an inability to maintain and develop a suitable environment for modern and sustainable services.	**16**	**Current**: • NHS Board Capital Plan. • Strategic Asset Management System. • Rolling estate survey programme carried out within 5-year cycle. • Planned preventative maintenance. • Revenue and Capital Budget. • Horizon Scanning. • SCART – Statutory Compliance Audit and Risk Tool. • Whole System Plan. • Estates and Capital Planning Service Delivery. **Further**: • Development of "whole system" infrastructure plan. • Utilisation of the Asset Information Management System. • Business Continuity option regarding maintaining the existing estate.
SRR.011	**Digital & eHealth - Infrastructure and Strategy** If NHS FV does not develop a Digital and eHealth strategy which enables transformation and improvement as well as minimising technical vulnerabilities, there is a risk that other key organisational strategies cannot fully deliver the intended benefits, or the IT infrastructure could fail, impacting on long-term sustainability and efficient and effective service delivery.	**12**	**Current**: • Annual Digital and eHealth Delivery Plan. • Lifecycle System Matrix. • Cyber Security and Security Patches. • Windows/Office Programme. • FVRH ICT Infrastructure Upgrades. • Infrastructure Programme Board / CISCO Software. • NIS Audit Resource Requirements. • Cyber Security Group. • Disaster Recover and Business Continuity Plans. **Further**: • Asset Review. • Delivery of the Annual Digital and eHealth Delivery Plan.

Code	Risk Title	Risk Status	Key Mitigation
SRR.014	**Healthcare Strategy** If the planned review of the NHS Forth Valley Healthcare Strategy does not incorporate learning from the COVID-19 pandemic, consideration of population need, and does not align with government policy and / or Integration Authorities Strategic Commissioning Plans there is a risk the Board's vision, corporate objectives and key priorities will not meet the needs of the population, resulting in inability to reduce pressures on services, workforce and finance.	**9**	**Current**: • Healthcare Strategy 2016-2021. • Partnership Strategic Plans. • Mutual Aid Arrangements. • National Stakeholder Engagement. • Regional Planning meetings. • Delivery plan process informing the strategy. • Strategy Map developed. **Further**: • National Treatment Centre. • Strategic Deployment Matrices. • Development of Healthcare Strategy (three phases – consultation document, period of consultation, development of final strategy). • Internal stakeholder engagement.
SRR.015	**Cyber Resilience** If NHS Forth Valley do not maintain the effectiveness of current cyber security controls and implement improvements to security controls where possible. There is a risk that the cyber security of the organisation may be compromised. Resulting in a significant disruption to the services delivered by the organisation and an impact to the confidentiality, integrity, and availability of systems and data.	**20**	**Current**: • Cyber Resilience Framework. • Digital and eHealth Strategy. • NIS Audit Recommendations. • Change Management. **Further**: • Cyber Security Awareness and Training. • Improvements to supply chain security. • Business Continuity Plans. • Gatekeeping process for third party access. • Review of cyber roles to support recruitment of vacant post and retention.
SRR.017	**Environmental Sustainability and Climate Change** If NHS Forth Valley does not receive funding and resources, there is a risk that we will be unable to comply with DL38 and delivery actions/meet requirements of the Scottish Government Climate Emergency & Sustainability Strategy, and will not operate in an environmentally sustainable way, resulting in failure to meet objectives and damaging stakeholder/public confidence.	**16**	**Current**: • Climate Emergency and Sustainability Board. • Climate Emergency Response and Sustainability Team. • Head of Climate Emergency and Sustainability. • Climate Emergency & Sustainability Strategy and Action Plan. • Board Papers contain section on Environmental Sustainability Considerations. **Further**:

Code	Risk Title	Risk Status	Key Mitigation
			• Explore opportunities to share resources. • Continue to seek Capital and Revenue funding. • Successful implementation of the Environmental Management System. • Communications Strategy to be developed. • Recruitment of remaining posts for the Climate Emergency Response and Sustainability Team.

5. ISSUES FOR CONSIDERATION IN NHS FORTH VALLEYS GOVERNANCE STATEMENT

There are no exceptional issues, noting that issues in respect of stage 4 escalation will be considered in a broader context with the Governance Statement, and that any risks relevant to the business of Performance and Resources Committee have been mitigated and/or managed effectively throughout 2023/24.

6. CONCLUSION

I am satisfied as Chair of the Performance and Resources Committee that the conduct of business, including the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Committee has allowed the Committee to fulfil its remit as detailed in the Code of Corporate Governance.

Financial Benchmarking was not presented to the Committee in 2023/2024 however this will be scheduled early in 2024/2025. It is integral to the work currently being undertaken in NHS Forth Valley and across NHS Scotland in relation to the financial position ensuring sustainability and value.

I can confirm as Chair of the Performance and Resources Committee that effective financial and operational performance monitoring arrangements were in place within NHS Forth Valley during the financial year ended 31 March 2024, and through adequate scrutiny this was demonstrated to the Committee.

I wish to acknowledge the contribution and commitment of Committee Members and attendees, and to thank those who have prepared reports and attended meetings.

Mr Martin Fairbairn

CHAIR
On behalf of the
PERFORMANCE AND RESOURCES COMMITTE

Appendix 1

Performance and Resources Committee Planner 2023/2024

	25 Apr	27 Jun	29 Aug	31 Oct	19 Dec	27 Feb
Corporate Planning						
Emergency Planning and Resilience Group minute (part of 4.2.3)	☑			☑	☑	
Emergency Planning & Resilience Group Annual Report (part of 4.2.3)			☑			
Draft Healthcare Strategy (4.1.1) (4.1.2)						TBC
Winter Planning Update (4.1.2) (4.1.3)				☑		
Performance and Risk						
Escalation Update (4.2.1) (4.2.3) (4.2.4)		☑	☑	☑	☑	☑
Performance Scorecard (part of 4.2.4, 4.1.2, 4.1.3 quarterly))	☑	☑	☑	☑	☑	☑
Strategic Risk Register (4.2.5)	☑	☑		☑	☑	☑
DNA Update (part of 4.2.1, 4.2.3)	☑					
Financial Sustainability Strategic Risk Review (part of 4.2.1, 4.2.3, 4.2.5, 4.2.6)	☑			☑		
Estates & Supporting Infrastructure Strategic Risk Review (part of 4.2.1, 4.2.3, 4.2.5, 4.2.6)		☑				
Environmental Sustainability & Climate Change Strategic Risk Review (part of 4.2.1, 4.2.3, 4.2.5, 4.2.6, 4.8.1)			☑			
Information Governance Strategic Risk Review (part of 4.2.1, 4.2.3, 4.2.6, 4.6.1, 4.6.2)				☑		☑
Healthcare Strategy Strategic Risk Review (part of 4.2.1, 4.2.3, 4.2.5, 4.2.6)						☑
Cyber Security & Controls (part of 4.2.1, 4.2.3, 4.2.5, 4.2.6, 4.6.1, 4.6.2)					☑	
IT Infrastructure Strategic Risk Review (part of 4.2.1, 4.2.3, 4.2.5, 4.2.6, 4.6.1, 4.6.2)						Now June 2024
Cancer Services Update (part of 4.2.1, 4.2.3)			☑			
Psychological Therapies Update (part of 4.2.1, 4.2.3)				☑		
Child & Adolescent Mental Health Services Update (part of 4.2.1, 4.2.3)				☑		
Urgent & Unscheduled Care Update (part of 4.2.1, 4.2.3)		☑ part of escalation update	☑ part of escalation update			
Flow 1 Update (part of 4.2.1, 4.2.3)				☑		
Scheduled Care Update (part of 4.2.1, 4.2.3)						☑
Approve Performance Management Framework – Biennial Review (4.2.1) (4.2.2) (4.2.4)			☑			
Review approach to performance monitoring & reporting (4.2.3)	Ongoing					
Finance and Efficiency						
Finance Report (4.3.1, 4.3.4 [IJB finances])	☑	☑	☑	☑	☑	☑
Draft Financial Plan 2023/24 (4.3.1, 4.3.4 [IJB finances])						☑
Financial Savings Plan (4.3.2)		☑				☑
Internal Control Evaluation (4.3.3)						☑
Benchmarking (4.3.3)						TBC

	25 Apr	27 Jun	29 Aug	31 Oct	19 Dec	27 Feb
Property and Asset Management						
Whole System Plan Update (previously PAMS) (4.4.1)						Now April 2024
Property Acquisitions & Disposals (4.4.2)	As required					
Carronshore Clinic, Declaration of Surplus to Requirements (4.4.2)				☑		
Meeks Road GP Practice Sustainability Loan (4.4.2)					☑	
Pharmacy Lease Proposal, Callander Health Centre (4.4.2)					☑	
Dental Practice Lease Proposal, Callander Health Centre (4.4.2)					☑	
Barnton Street, Stirling, Proposed Disposal (4.4.2)					☑	
NHS Forth Valley Estate, Backlog Maintenance Update					☑	
Approve change control notifications for PFI facilities (4.4.3)	As required					
Capital Projects/ Digital Strategy						
National Treatment Centre Update			☑		☑	
Capital & Infrastructure Projects, Property Transactions, Medical Equipment & eHealth Update, incl. digital strategy (4.5.1, 4.5.2, 4.7.1)		☑		☑		☑
Approve reviewed/updated policies relating to capital projects and major equipment (4.5.4)	As required					
Information Governance						
Information Governance Group Minutes (4.6.1 and 4.6.2)	☑		☑	☑	☑	☑
Network & Information Systems Regulations Update (4.6.1 and 4.6.2)						TBC
Information Governance Group Annual Report (4.6.1 and 4.6.2)			☑			☑
Information Governance Update (4.6.1 and 4.6.2)			☑			
Climate Emergency and Sustainability						
Sustainability Update (4.8.1)						☑
Forth Valley Royal Hospital, Photovoltaic Panel Variation (4.8.1)					☑	
Other						
Previous Minutes (part of 5.1)	☑	☑	☑	☑	☑	☑
Action Log (part of 5.1)	☑	☑	☑	☑	☑	☑
Annual Audit Report				☑		
Performance & Resources Committee Planner (part of 5.1)	☑	☑	☑	☑	☑	☑
Performance & Resources Committee Terms of Reference (5.1)						☑
Performance and Resources Committee Annual Report (5.1, 5.3)	☑					

Appendix 2

Performance and Resources Committee – Record of Attendance – Year 1 April 2023 to 31 March 2024

NAME	POSITION	25 April	27 June	29 August	31 October	19 December	27 February
MEMBERS							
Mr Martin Fairbairn	Committee Chair	Present	Present	Present	Present	Present	Present
Mrs Kirstin Cassells	Area Clinical Forum Chair	Present	Present	Present	Present	Present	Apologies
Mr Robert Clark	Employee Director	Apologies	Present	Present	Present	Apologies	Present
Cllr Fiona Collie	Non-Executive Director	Present	Apologies	Present	Present	Present	Present
Cllr Danny Gibson	Non-Executive Director	Present	Present	/	/	/	/
Cllr Wendy Hamilton	Non-Executive Director	/	/	/	Apologies	Present	Present
Cllr Gerry McGarvey	Non-Executive Director	/	/	Apologies	/	/	/
Ms Janie McCusker	NHS Forth Valley Chair	Present	Present	Present	Present	Present	Present
IN ATTENDANCE							
Mrs Cathie Cowan	Chief Executive	Apologies	Present	Present	/	/	/
Ms Amanda Croft	Interim Chief Executive	/	/	/	Apologies	Present	Apologies
Ms Kerry Mackenzie	Head of Policy & Performance	Present	Present	Present	Present	Present	Apologies
Mr Scott Urquhart	Director of Finance	Present	Present	Present	Present	Present	Present

Key:
/ Attendance not required
****** Absent – No apologies received

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

Draft Staff Governance Committee Annual Report 2023/2024
For Assurance

Executive Sponsor: Mr Kevin Reith, Interim Director of Human Resources

Author: Ms Linda Robertson, HR Service Manager

Executive Summary

The Staff Governance Committee Terms of Reference highlight that the Chair of the Committee shall submit an Annual Report of the work of the Committee to the NHS Board. The attached report has therefore been drafted to cover the work of the Staff Governance Committee during financial year 2023/24.

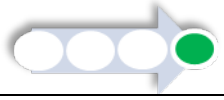
Recommendation

NHS Forth Valley Board is asked to*:*

- **note** the draft Staff Governance Annual Report.
- **delegate** authority to the Staff Governance Committee to approve the final version of the report.

Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Substantial Assurance 	Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.

A substantial level of assurance is proposed through the Staff Governance Committee Annual Report that the Committee is fulfilling its brief as laid down in the Staff Governance Committee Terms of Reference.

Key Issues to be Considered:

The Staff Governance Committee Annual Report 2023/2024 details:

- Purpose of the Committee.
- Composition and attendance.
- Meeting dates.
- Key business conducted.
- Key outcomes.
- Conclusion.

Financial Implications

There are no financial implications specific to this paper.

Workforce Implications

There are no workforce implications specific to this paper.

Infrastructure Implications including Digital

There are no infrastructure implications specific to this paper.

Sustainability Implications

There are no specific sustainability implications in respect of this paper.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. (A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)
☐ Yes
☒ N/A
Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
There are no specific quality or patient care implications in respect of this paper.

Information Governance Implications
There are no specific information governance implications in respect of this paper.

Risk Assessment / Management
The Staff Governance Committee Annual Report is updated and approved annually in line with the Staff Governance Committee terms of reference.

Relevance to Strategic Priorities
The Staff Governance Committee Annual Report is provided as part of the annual review cycle of annual accounts and the wider governance framework, timed to support preparation of the Statement on Internal Control.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.
Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
Review of Staff Governance Committee papers and minutes has been undertaken whilst drafting the Annual Report.
The Committee Chair has been consulted.

Additional Information
There is no additional relevant information in respect of this paper.

Appendices

- Appendix 1: Draft Staff Governance Committee Annual Report 2023/2024

FORTH VALLEY NHS BOARD
ANNUAL REPORT OF STAFF GOVERNANCE COMMITTEE 2023/24

1. PURPOSE

To assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

2. STAFF GOVERNANCE COMMITTEE

2.1 Purpose of committee

The purpose of the Staff Governance Committee is to provide the NHS Board with the assurance that:

- There is a culture within NHS Forth Valley where the highest possible standard of staff management is understood to be the responsibility of everyone working in Forth Valley and is built upon partnership and collaboration.
- Staff governance mechanisms are in place and effective throughout the local NHS system.
- Performance is reviewed against the Staff Governance standard.

2.1 Composition

During the financial year ended 31 March 2023 membership of **Staff Governance Committee** comprised:

Chairperson – Mr Allan Rennie, Non-Executive Board Member

MEMBERSHIP
Ms Janie McCusker, Chair, NHS Forth Valley Board (Vice Chair of the Staff Governance Committee) (April 2023 – February 2024)
Mr Robert Clark, Employee Director
Ms Janett Sneddon, Staff Side Representative
Ms Karren Morrison, Staff Side Representative
Mr Nicholas Hill, Staff Side Representative
Mr Gordon Johnston, Non-Executive Board Member
Cllr Wendy Hamilton, Non-Executive Board Member (June – September 2023)
Cllr Gerry McGarvey, Non-Executive Board Member (from December 2023)
Mr Stephen McAllister, Non-Executive Board Member

IN ATTENDANCE
Mrs Cathie Cowan, Chief Executive (April – September 2023)
Ms Amanda Croft, Interim Chief Executive (from September 2023)
Miss Linda Donaldson, Director of Human Resources
Mr Kevin Reith, Interim Director of Human Resources (from August 2023)
Professor Frances Dodd, Director of Nursing
Mrs Elaine Bell, Interim Associate Director of HR
Mr Michael Brown, Head of HR Resourcing
Mrs Margaret Kerr, Head of Organisational Development
Mr Jonathan Proctor, IM&T Director / eHealth Lead
Ms Linda Robertson, HR Service Manager, Staff Governance

The committee membership and those in attendance comply with the agreed Terms and Conditions.

3. OUTCOMES

Through the financial year the Committee were presented with various items summarised as follows: -

Staff Governance Committee Assurance Plan and Workplan
The Staff Governance Assurance Plan and Workplan were developed to support committee members fulfil their Board assurance and scrutiny role. Following each committee a report was issued to the NHS Board, to highlight achievements, issues, risks, and any actions taken. The ICE Report for 2023/24 was presented to the Staff Governance Report in March 2024. Ongoing and required development and actions:

- Staff Governance Committee Terms of Reference
- Workforce Strategy (People Strategy)
- Workforce Planning and Risk Assurance
- Workforce Plans
- Primary Care Sustainability
- Culture and Leadership
- Operation of the Staff Governance Committee
- Staff Governance Standard Assurances
- Staff Governance Monitoring
- Escalation, Leadership and Culture
- Remuneration Committee
- Promoting Health and Wellbeing and Appropriately Trained and Developed
- Health & Safety.

The Staff Governance Committee Work Plan was revised in March 2023 and reviewed in line with the role and remit as laid down in the Terms of Reference, to enable the production of a comprehensive Annual Report and the provision of adequate assurances. The Committee reflected on the 2023-24 Work Plan at its March 2024 meeting, noting the intention to carry forward items into the 2024-25 Work Plan within a 4-meeting schedule with additional meetings considered as necessary, and the intention to align the Staff Governance Committee to the annual 6 meeting schedule in 2025/26.

Assurance & Improvement Plan Updates
The role of the Staff Governance Committee in relation to Escalation Improvement was agreed at the meeting in March 2023. The Staff Governance received quarterly updates on progress of the Assurance and Improvement Plan during 2023 – 24 with focus on the themes of Leadership and Culture. By March 2024, the Committee noted that 11 out of the 13 high-level actions under these themes completed.

On Culture the Committee noted progress on the development of improved communication between Executive/Board and staff along with the completion of the diagnostic phase of the Culture Change and Compassionate Leadership programme informing the development of a Culture Change Plan. A review of the Speak Up initiative was completed to develop a more integrated approach with our Whistleblowing arrangements and support a culture of openness. Completion of work to review our response to the Sturrock report was progressed through our Area Partnership Forum to enable outstanding work to be completed and where appropriate mapped into ongoing work plans.

The Committee noted a significant turnover in ELT members and the interim nature of some key executives in the wake of escalation. In terms of Leadership cohesive working of the ELT has developed with positive and respectful behaviours during constructive, challenging discussion. This has developed a basis for wider engagement to support whole system working, prioritisation and decision-making as well as shared responsibility and accountability to address key challenges. The

senior structure has been developed with functional review work and consolidation of NHS FV leadership capacity and capability through progressing permanent appointments to new roles.

People Strategy
The development of an NHS Forth Valley People Strategy was a commitment made for 2023-24 to align with the plan to refresh the Board's Population Health & Care Strategy. In March the Committee noted that due to the extended timescale to complete the Population Health & Care Strategy, this work would be progressed in 2024-25 and that work continued to ensure that our workforce priorities are being delivered.

Staff Governance Monitoring Tool
A Staff Governance Assessment tool was designed to provide assurance to the Staff Governance Committee that the 5 strands of the Staff Governance Standard were being adhered to. This assessment tool was completed by all Directorates and HSCPs in 2022 and action plans were created for each area based on the findings from the assessment. These actions plans are updated quarterly.

Staff Support and Wellbeing
Staff Support and Wellbeing was a standard item for discussion during 2023 – 24, the transition of Staff Support and Wellbeing work into the Equality and Diversity team allowed a renewed focus upon where inclusion overlaps with wellbeing to ensure staff feel valued, supported and cared for. Key updates included launch the new Financial Wellbeing Platform – Vivup, the continuation of awareness presentations and support teams with wellbeing objectives; the work to further celebrate staff achievements following our staff awards, winter wellness guidance and resources including a Menopause Awareness session, Artlink workshops and Mindfulness sessions.

3 staff surveys have been completed; the Minority Ethnic Network has been established with work progressing with other networks including LGBTQ+, carers, disability and Menstrual health and menopause.

Attendance Management
The management of attendance is a key priority for NHS Forth Valley and the Committee received updates at every meeting in relation to performance, noting that we are consistently above the 4% target. It noted that work was required as part of our financial sustainability activity and reduction in supplementary staffing use.

As well as noting the importance of promoting wellbeing, Attendance Management updates have provided on actions including Absence Audits, Attendance Action Plan and sharing of good practice. The Committee were advised of the establishment of an Attendance Management Group which will report to Area Partnership Forum with updates to be provided to the Staff Governance Committee. The Committee was advised that the reporting of organisational absence trends is underpinned by management dashboards available within the Pentana performance reporting system and routinely reported through Service Performance Reviews with the Executive to track improvement activity.

Workforce Planning
In compliance with the Scottish Government requirement to re-introduce a 3 yearly planning cycle across NHS Scotland, the NHS Forth Valley Workforce Plan 2022- 2025 was approved by the NHS Board on 29 November 2022 and is published on the NHS Forth Valley website. The Workforce Plan is an iterative document and updates to the plan are provided to Scottish Government through the Delivery Plan process. The Committee noted work to develop our reporting arrangements on workforce plan delivery and the evolution of our overall workforce performance reporting using the Pentana system. The Committee requested that risks in terms of workforce plan delivery are reviewed as part of our 2024/25 governance cycle.

iMatter
The 2023 iMatter survey closed in September 2023 and outcomes were reported to the Staff Governance Committee in December 2022. NHS Forth Valley achieved a 61% return across the organisation, with an Employee Engagement Indicator of 76. The Committee received a full update on the 2023 cycle with key lessons learned presented and actions built into work priorities for the next year.
A series of gradual improvement themes were identified from the results included managers approachability, role clarity and job satisfaction and appreciation. Themes that were noted to require monitoring for improvement relating to NHS Forth Valley Board included visibility of Board members and building confidence and trust in Board members.

Health and Safety
Health and Safety was a standing item for discussion. The Committee has welcomed the progress reports and acknowledged the work of the Health and Safety Team in ensuring the organisation meets its statutory obligations. The reporting on adverse events and training compliance for Manual Handling and Violence & Aggression have identified improvement requirements. The Chief Executive updated the Committee on the monitoring of this work through Service Performance Reviews to ensure increased completion levels are achieved. The introduction of Excellence Reporting was noted as a good practice development.

Risk Management Workplan and Strategy
Risk Management is a standing item for discussion. Assurance assessments are a fundamental component of a robust Risk Management framework providing the committee with an objective assessment of controls to ensure they are designed an operating effective.

The three strategic risks aligned to the Staff Governance Committee were reviewed, with the scores assessed using the revised risk assessment matrix. During this review cycle, the strategic risks aligned to the Staff Governance Committee remain static. The risks in focus are:

- SRR 018 Primary Care Sustainability A focused review was taken with partners in February 2024 and a further focussed review will be undertaken at the next Staff Governance Committee. Further controls: Scottish Government Mental Health and Wellbeing programme, new/innovative portfolio roles and career pathways, and a focus on ways of supporting practice workload, development of governance following the delegation of primary care to Falkirk Health and Social Care partnership.
- SRR 009 Workforce Plans. Focus on increased employability through Anchor work, regional workforce solutions, action plan to identify gaps, review career progression routes. A new action has been added around the inclusion of workforce into the financial sustainability plan for the year ahead.
- SRR 019 Culture & Leadership. Delivery of Systems Leadership Development Programme, Delivery of Board Development Programme, build on staff recognition opportunities, review arrangements to respond to feedback from iMatter staff survey.

- 13 actions across the 3 strategic risks were identified with 5 of these dues to be completed in Q4. There are currently two overdue controls which are in relation to Primary Care Sustainability, and these will be picked up in the focused review.

Youth and Employability Framework
The Staff Governance Committee received quarterly updates on progress against the Youth and Employability framework during 2023 - 2024 including: the continuation and success of the Project Search programme, The NHS Youth Academy, work placement opportunities with our Local Authority partners. In addition, an Employability Manager has taken up post to take forward this work.

Whistleblowing
Whistleblowing was a standing agenda item during 2023 - 24, with regular reports on the implementation of the national whistleblowing standards and the development of key

performance indicators. The Whistleblowing Annual Report 2022-23 was presented to the September 2023 Staff Governance Committee and the NHS Board. Quarterly updates whistleblowing activities are provided at each Staff Governance Committee. The committee noted that 57% of staff had completed mandatory training on the Whistleblowing Standards.

Band 2 – 3 Healthcare Support Worker National Project

The Staff Governance Committee received quarterly updates on the Band 2 - 3 Healthcare Support Worker Review. Following the Scottish Terms and Conditions Committee (STAC) decision in January 2022, all Band 2 HCSW Job Descriptions were reviewed against the newly agreed national Nursing Clinical Support Worker profiles.

A process was agreed in partnership with Unison and all eligible HCSW staff were included, undertaking a 1:1 with their manager where their tasks were reviewed, and a decision made as to whether their tasks met the criteria for uplift for Clinical Support Worker Band 3. All eligible, substantive, staff have been reviewed, proformas processed with arrears fully paid to date.

Safe Staffing
The Staff Governance Committee received quarterly updates on the implementation of implementation of the Health and Care (Staffing) (Scotland) Act 2019 which took effect on 1 April 2024. A whole system governance structure across NHS Forth Valley was implemented in September 2023 which included the introduction of an Oversight Group for the implementation of the legislation, an operational working group as well as 12 professional specific sub groups.

A benchmarking exercise carried out between January 2024 and March 2024 allowed for multi professional working groups to be created which would lead key pieces of work against the legislation. Quarterly reporting will continue to be shared at Staff Governance Committee meetings.

E Rostering
The Staff Governance Committee received quarterly updates on the implementation of e-Rostering. The focus on specific clinical areas will continue with nursing to meet the milestone of 50% of nursing staff by April 2024. AHPs will also focus highly as the programme moves forward.

NTC Staffing
The Staff Governance Committee was presented with an overview of the key risks and issues associated with the workforce for National treatment Centre - Forth Valley at its March 2024 meeting.

The key areas reported were :
- Agreed workforce model.
- Clinical model and patient pathway
- Delay in construction of NTC-FV unit
- Temporary solution to support delivery of percentage of NTC-FV activity
- Current discussions with Scottish Government

Employee Development
Reporting on employee development activity has been a standing item as part of the Staff Governance Standard : Appropriately Trained and Developed strand. The Committee has noted its concern in relation to the recording of Personal Development Planning & Review (PDP&R) activity levels on the Turas system. Although activity is being undertaken, the Committee expressed a need to focus on completion of review sign offs which were 16% at the year end.

Well Informed Report
The Staff Governance Committee received the ‘Well Informed Report’ which noted the wide range of activities underway across the organisation to support the requirements of the Well

Informed Staff Governance Standard. It noted the work to redesign the staff intranet, the introduction of more short video updates from Chief Executive and Executive Leadership Team which have been well received by staff and sharing of Area Partnership Forum updates as positive developments.

Public Sector Equality Duties Report
The Staff Governance Committee received the 'Public Sector Equality Duties Report' and approved the April 2024 to April 2025 Equality Objectives for publication in April 2024. NHS Forth Valley Equality & Inclusion Strategy "Everyone Means Everyone" 2021-25 was approved by the NHS Board in November 2021. The strategy ensures that the organisation meets their legal obligations under the Equality Act 2010 (Scotland) to outline their equality outcomes and objectives every four years. The Committee was updated on work to understand the diversity across the organisation though survey activity noting 385 people participated in the survey and the results emphasised a broad representation of many factors across the board.

Partnership Fora
Minutes of all Partnership Fora were presented by the Employee Director and members raised queries regarding any issues that had not already been addressed on the agenda.

Internal Control Evaluation (ICE) Audit Report
In March 2024 the Committee received an update on the ICE Audit report outcomes for 2023/24 noting progress. Of the 3 action points aligned to the committee, one was deemed significant requiring immediate attention which relates to the refreshed People Strategy 2022-2025 (position noted above) and improvement in triangulating planning information with resourcing updates. The second action noted was the continuation of the work on Pentana reporting to strengthen performance reporting. The Committee noted the final action area from the audit related to completion of Remuneration Committee self-assessment in 2024-25 and scheduling of key activities to align with the Committee meeting cycle, flowing from Corporate Objectives and to comply with national requirements.

The Committee recognised the work of officers in delivering more timely and more relevant papers and noted further rationalisation would be carried out to provide smoother more streamlined reporting. Performance reporting to Staff Governance was being further refined to ensure the information presented aligned with the requirements of the Blueprint for Good Governance.

4. MEETINGS

The Committee met on five occasions during the period from 1 April 2023 to 31 March 2024 on the undernoted dates:

12 May 2023
7 July 2023
15 September 2023
15 December 2023
15 March 2024

5. CONCLUSION

STATEMENT OF ASSURANCE

As Chair of the Staff Governance Committee, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the committee has allowed us to fulfil our remit as detailed in Standing Orders. It has been a challenging period for all staff and I would like to commend them for their professionalism in supporting the work of this committee. As a result of the work undertaken during the year, I can

confirm that adequate and effective Staff Governance arrangements are in place across NHS Forth Valley.

Mr Allan Rennie
Chairperson
On behalf of STAFF GOVERNANCE COMMITTEE

APPENDIX 1

Appendix 1

STAFF GOVERNANCE COMMITTEE ATTENDANCE RECORD – 2023/24

NAME	POSITION	ORGANISATION	12.5.23	15.7.23	15.9.23	15.12.23	15.3.23
Allan Rennie	Non-Executive Board Member	NHS Forth Valley	P	P	AA	P	P
Janie McCusker	Chair, NHS Forth Valley Board	NHS Forth Valley	P	P	P	P	AA
Gordon Johnston	Non-Executive Board Member, Whistleblowing Champion	NHS Forth Valley	P	P	P	P	P
Stephen McAllister	Non-Executive Board Member	NHS Forth Valley	AA	P	P	P	P
Cllr Wendy Hamilton	Non-Executive Board Member	NHS Forth Valley	P	P	-	-	-
Cllr Gerry McGarvey	Non-Executive Board Member	NHS Forth Valley	-	-	-	-	P
Robert Clark	Employee Director	NHS Forth Valley	P	P	P	P	P
Karren Morrison	Staff Side Representative	NHS Forth Valley	P	AA	AA	P	AA
Janett Sneddon	Staff Side Representative	NHS Forth Valley	P	P	P	P	P
Hilary Nelson	Staff Side Representative	NHS Forth Valley	P	P	P	P	P
Nick Hill	Staff Side Representative	NHS Forth Valley	P	P	P	P	P

NAME	POSITION	ORGANISATION	12.5.23	15.7.23	15.9.23	15.12.23	15.3.23
Cathie Cowan	Chief Executive	NHS Forth Valley	P	P	-	-	-
Linda Donaldson	Director of Human Resources	NHS Forth Valley	P	P	AA	AA	AA
Amanda Croft	Interim Chief Executive	NHS Forth Valley	-	-	AA	AA	P
Kevin Reith	Interim Director of Human Resources	NHS Forth Valley	-	P	P	P	P
Frances Dodd	Executive Nurse Director	NHS Forth Valley	P	P	P	P	AA
Scott Urquhart	Director of Finance	NHS Forth Valley	P	-	AA	AA	AA
Jonathan Procter	Director of Facilities and Infrastructure	NHS Forth Valley	AA	P	P	-	-
Elaine Bell	Interim Associate Director of HR	NHS Forth Valley	AA	AA	AA	P	P
Linda Robertson	HR Service Manager	NHS Forth Valley	P	P	P	P	P
Margaret Kerr	Head of Organisational Development	NHS Forth Valley	P	P	P	AA	AA
Cameron Raeburn	Head of Health and Safety	NHS Forth Valley	P	AA	AA	P	P
James O'Kane	Health & Safety Adviser	NHS Forth Valley	-	-	P	-	-
Sara Mackenzie	Corporate Risk Manager	NHS Forth Valley	P	P	P	-	-
Vicky Webb	Corporate Risk Manager	NHS Forth Valley	-	-	-	P	P
Michael Brown	Head of HR Resourcing	NHS Forth Valley	AA	P	P	AA	P
Joanna Elliott	Head of Occupational Health Services	NHS Forth Valley	-	-	-	-	P
Rachel Tardito	HR Projects Manager	NHS Forth Valley	P	P	P	-	P

Jo Tolland		NHS Forth Valley	-	-	P	-	-
Morag Farquhar	Associate Director of Facilities	NHS Forth Valley	-	-	-	P	P
Garry Fraser	Director of Acute Services	NHS Forth Valley	-	-	-	P	-
Marie Gardiner	Head of Ambulatory & Diagnostics	NHS Forth Valley	-	-	-	-	P
John Ratcliffe	Board Secretary	NHS Forth Valley	-	-	-	-	P
Charlene Condeco	Disability Equality Lead	NHS Forth Valley	-	-	-	-	P
Jennifer Brisbane	Corporate Services Assistant	NHS Forth Valley	-	-	-	-	P
Rebecca Reid	Corporate Services Assistant	NHS Forth Valley	P	P	P	P	P

Key

P – Present
A – Absent – no apologies received
AA – Absent – apologies received
- Attendance not required

Appendix 2

STAFF GOVERNANCE COMMITTEE
SCHEDULE OF BUSINESS CONSIDERED 2023/24

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
11 May 2023	• Draft Minute of Meeting held on 11 March 2023 • Staff Governance Workplan • Escalation Update • Leadership & Culture Update • HIS Report Update • Workforce Action Plan, Audit Outcomes • Staff Governance Committee Annual Report • **Staff Governance Standard Activity** o HR Director Staff Governance Report o Workforce Dashboard o eRostering o Recruitment Update o International Recruitment o Band 2 – 3 Healthcare Support Worker National Project o Youth & Employability Framework o Long Service Awards o " Once for Scotland" Workforce Policies o Staff Governance Assessment Tool and Action Plans • Speak Up Service Update • Sturrock Report • Whistleblowing • Staff Support and Wellbeing • Safe Staffing • Update on Organisational Development Priorities including learning, education, Training and iMatter • **Risk Management** o Health & Safety Quarterly Report – Q4 o Risk Management Report – Staff Governance Risks • **Reports from Committees** o Area Partnership Forum o Facilities and Infrastructure Partnership Forum o Health & Safety Committee 21.2.23 o Estates and Infrastructure Partnership Forum 11.11.21 • **Circulars and Policies**
7 July 2023	• Draft Minute of Meeting held on 12 May 2023 • Staff Governance Workplan • Escalation Update: Culture & Leadership Performance Metrics • Non-Framework Agency Usage • **Staff Governance Standard Activity** o Staff Governance Committee Work plan o HR Director: Staff Governance Report • **AOCB** ICE Report

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
15 September 2023	• Draft Minute of Meeting held on 12 May 2023 • Staff Governance Committee Workplan • Escalation Update: Leadership and Culture • Culture Change and Compassionate Leadership Programme • Whistleblowing Update and Annual Report • **Staff Governance Standard Activity** o HR Director – Staff Governance Report, including Workforce Dashboard Data o Once for Scotland Workforce Policies o Youth & Employability Framework o HR Resourcing o Reduction of off framework agency nursing o eRostering update o Our People Strategy – Update on Progress o National Whistleblowing Standards – Update • Speak Up Initiative • Equality and Diversity Workplan • Whistleblowing Update and Annual Report • Safe Staffing • Staff Support and Wellbeing • Update on Organisational Development Priorities including Learning, Education & Training • **Risk Management** o Strategic Risk Register – Staff Governance Risks o Health & Safety Quarterly Report • **Items for Noting** o Culture Change & Compassionate Leadership Oversight Board – 9.8.23 o Area Partnership Forum – 18.07.23 o Acute Services Partnership Forum – 16.5.23 o Facilities & Infrastructure Partnership Forum – 2.3.23 o Clackmannanshire & Stirling Joint Staff Forum – 3.5.23 o Health & Safety Committee – 9.5.23 o Falkirk Joint Staff Forum – 29.07.21 o Mental Health & Learning Disability Partnership Forum – 28.09.21 o Staff Support & Wellbeing Programme – 21.10.21 o Assurance on Patient Safety letter from Michael Matheson
15 December 2023	• Draft Minute of Meeting held on 15 September 2023 • Staff Governance Committee Workplan • Assurance & Improvement Update: Leadership and Culture • Staff Governance Terms of Reference • **Staff Governance Standard Activity** o HR Director – Staff Governance Report, including Workforce Dashboard Data o Once for Scotland Workforce Policies o Employee Relations Update

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	o Equality & Diversity Update o Staff Health & Wellbeing o International Recruitment o Reduction of off framework agency nursing o eRostering Update o Job Evaluation Update • Safe Staffing • Whistleblowing Update • NTC Staffing Update • Annual Internal Audit Report 2022/2023 • iMatter Update • Staff Governance Monitoring Return 2022/23 • **Risk Management** o Strategic Risk Register – Staff Governance Risks o Health & Safety Quarterly Report • **Items for Noting** o Culture Change & Compassionate Leadership Oversight Board – 9.8.23 o Area Partnership Forum – 22.8.23, 19.9.23, 24.10.23 o Acute Services Partnership Forum – 13.6.23 o Facilities & Infrastructure Partnership Forum – 1.6.23 o Clackmannanshire & Stirling Joint Staff Forum – 5.7.23 o Health & Safety Committee – 16.8.23 o Falkirk Joint Staff Forum – 12.1.23 o Mental Health & Learning Disability Partnership Forum – 28.09.21
15 March 2024	• Draft Minute of Meeting held on 15 December 2023 • Staff Governance Committee Workplan • Staff Staffing • Assurance & Improvement Update: Leadership and Culture • Agenda for Change Review 2023-24 • **Staff Governance** Report, including Workforce Dashboard Data o Once for Scotland Workforce Policies o Employee Relations Update o Equality & Diversity Update o Staff Health & Wellbeing o International Recruitment o Reduction of off framework agency nursing o eRostering Update o Occupational Health Service • Whistleblowing Update • NTC Staffing Update • Well Informed Report • Public Sector Equality Duties Report • Internal Control Evaluation

DATE OF MEETING	TITLE OF BUSINESS DISCUSSED
	• **Risk Management** o Strategic Risk Register – Staff Governance Risks o Health & Safety Quarterly Report • **Items for Noting** o Area Partnership Forum – 21.11.23, 19.12.23 o Acute Services Partnership Forum – 25.1.24 o Facilities & Infrastructure Partnership Forum – 14.12.23 o Clackmannanshire & Stirling Joint Staff Forum – 21.9.232, 31.11.23 o Health & Safety Committee – 14.11.23

FORTH VALLEY NHS BOARD
AREA CLINICAL FORUM 2023/24

1. PURPOSE

In order to assist the Board in conducting a regular review of the effectiveness of the systems of internal control, Standing Orders require that this Standing Committee submits an annual report to the Board. This report is submitted in fulfilment of this requirement.

2. AREA CLINICAL FORUM

2.1 Purpose of Committee

The purpose of the Area Clinical Forum is to support the work of the NHS Board by:

- Reviewing the business of the Area Professional Committees to ensure a co-ordinated approach on clinical matters among the different professions and within the component parts of the local NHS system (Acute Services, Primary Care, Health Improvement, etc.)
- Promoting work on service design, redesign and development priorities and playing an active role in advising the NHS Board on potential for service improvement.
- Sharing best practice among the different professions and actively promoting multi-disciplinary working – in both health care and health improvement.
- Engaging widely with local clinicians and other professionals, with a view to encouraging broader participation in the work of Area Professional Committees.
- Providing the NHS Board with a clinical perspective on the development of the Local Health Plan and the NHS Board's strategic objectives.
- Investigate and take forward particular issues on which clinical input is required on behalf of the NHS Board, taking into account the evidence base, best practice, clinical governance, etc., and make proposals for their resolution.
- Advise the NHS Board on specific proposals to improve the integration of services, both within local NHS systems and across health and social care.

2.2 Composition

During the financial year ended 31 March 2024, membership of Area Clinical Forum comprised:

- Kirstin Cassells, Chair (Area Pharmaceutical Committee)
- Elizabeth Kilgour, Nominated Lead, Healthcare Sciences Forum
- Claire Neal, Deputy Chair, Psychology Advisory Committee (to 06/07/23) #
- Gillian Lennox, Area Dental Committee
- Rhona King, Area Optical Committee
- David Herron, GP Sub Committee *(due to AMC being in abeyance)*
- Geraldine Law, Allied Health Professionals
- Lucie Risk, Psychology Advisory Committee (from 09/11/23)
- Oliver Harding – Area Medical Committee (from 21/03/24)
- James King – Area Medical Committee/GP Sub Committee (to 25/01/24)
- Wendy Nimmo Area Nursing Midwifery Advisory Committee * (from 21/03/24) *
- Pamela Scott (Vice Chair) Area Nursing Midwifery Advisory Committee (from 021/03/24) *
- Alison McMullan, Psychology Advisory Committee *(until April 2023)* #

In Attendance

- Mrs Cathie Cowan, Chief Executive (to 1 September 2023) #
- Mrs Amanda Croft, Interim Chief Executive (from September 2023) *
- Mr Andrew Murray, Medical Director

Key

- # Retired/left the Forum
- * New member of the Forum
- *(Date provided is last/first meeting applicable to term of office).*

2.3 Meetings

The Area Clinical Forum has met on 5 occasions between 01/04/23 and 31/03/24, 20/04/23; 06/07/23; 09/11/23; 25/01/24; 21/03/24. The meeting on 07/09/23 was cancelled due to the number of apologies**.**

2.4 Business

The topics considered by the Area clinical Forum were crucial to key national policies and initiatives. The following items were included in the range of topics discussed:

- Strategic Priorities/updates
  - Culture Change and Compassionate Leadership
  - Assurance and Improvement Plan
  - Safe Staffing Legislation

- Specific Reporting/discussions
  - Response to Escalation
  - Assurance Board
  - Board Agenda
  - Committee Planner
  - Action Log

2.5 Other Committees

The following Committees regularly updated the Forum on the work undertaken through presentation of and discussion around minutes. Due to the Area Medical Committee not reconvening until November 2023, the GP Sub Committee has continued to present their minutes to the Area Clinical Forum. The Chair of the Committee has also attended to ensure an appropriate pathway for escalation.

- Allied Health Professional Committee
- Area Dental Committee
- Area Medical Committee [reconvened 28/11/23]
- Area Nursing and Midwifery Committee [reconvened 05/03/24]
- Area Optical Committee
- Area Pharmaceutical Committee
- Area Psychology Committee
- Healthcare Sciences Forum

3. OUTCOMES

Through the financial year 2023/24 the Area Clinical Forum were presented with various items and the outcomes can be summarised as follows:

- The Area Clinical Forum continued to support each of the Professional Advisory Committees. The minutes from each Advisory meeting are presented to the Committee enabling any issues to be highlighted and escalated as required. The NHS Board Agenda is now also presented in advance to enable effective communications between the Professional Advisory Committees and the NHS Board.
- The Area Medical Committee and Area Nursing and Midwifery Committee remained in abeyance for part of the financial year. However, the Chair of the GP Sub Committee continued to attend and provided a pathway for escalation of issues.
- Significant work has been undertaken to improve attendance and it should be noted the Area Nursing and Midwifery Committee and Area Medical Committee have reconvened. The Chairs of both Committees now attend the Area Clinical Forum and are able to ensure their areas are represented.

4. CONCLUSION

STATEMENT OF ASSURANCE

The Area Clinical Forum is a well-established part of the NHS Forth Valley single system. As the only Forum where representatives from all the Advisory Committees meet regularly with Directors and Senior Managers, the Forum is uniquely placed to provide guidance and influence the development and delivery of services provided by NHS Forth Valley Healthcare Values. Having established itself in this role, the Forum strives to remain effective and positive in supporting the structure and forums that drive developments in NHS Forth Valley. The additional challenge of the Board being in escalation has been reflected through the topics discussed by the Committee.

As Chair of the Area Clinical Forum during financial year 2023/24, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken, and the range of attendees at meetings of the Forum has allowed us to fulfil our remit as detailed in the Standing Orders. As a result of the work undertaken during the year, I can confirm that adequate and effective advice was agreed by all Clinicians and given to the NHS Board as part of the implementation of the Primary Care Improvement Plan.

The Area Medical Committee and Area Nursing and Midwifery Committee remained in abeyance for part of the financial year. However, the Chair of the GP Sub Committee continued to attend and provided a pathway for escalation of issues.

I would again pay tribute to the dedication and commitment of fellow members of the Forum and to all attendees. I would like to thank all those members of staff who have prepared reports and attended meetings of the Forum, and express my thanks to the Sarah Smith, Corporate Services Assistant for her effort in support of the Forum.

(Signed).

Kirstin Cassells
CHAIRPERSON
On behalf of Area Clinical Forum

APPENDIX 1

AREA CLINICAL FORUM ATTENDANCE RECORD – YEAR 2023 / 2024

Name	**20/04/23**	**06/07/23**	**09/11/23**	**25/01/24**	**21/03/24**
Kirstin Cassells,	P	P	P	P	P
Alison McMullan	P	#	#	#	#
Elizabeth Kilgour	P	P	P	P	P
Claire Neal	P	P	#	#	#
Gillian Lennox	P	AA	AA	P	P
Rhona King	P	P	P	P	P
David Herron	~	P	P	P	P
Geraldine Law	P	P	P	A	AA
Lucie Risk	~	~	P	AA	AA
Oliver Harding	~	~	~	~	P
James King	P	P	P	P	#
In attendance					
Amanda Croft	~	~	P	P	A
Cathie Cowan	A	A	#	#	#
Andrew Murray	P	AA	AA	AA	A
Sarah Smith – Minute	P	P	P	P	P

Key:

P Present
A Absent with no apologies given
AA Absent with apologies received
IA In Attendance
- Attendance not required
Retired/left the Forum
* New member of the Forum
~ Not in post

APPENDIX 2

AREA CLINICAL FORUM
SCHEDULE OF BUSINESS CONSIDERED 2023/24

DATE	TITLE OF BUSINESS DISCUSSED
20/04/23	Draft minute of Area Clinical Forum meeting 16 February 2023 Matters arising from the minute/action log ACF Committee Planner Culture Change and Compassionate Leadership GP Sub Committee – 17/01/23; 21/02/23; 21/03/23 Psychology Advisory Committee Area Pharmaceutical Committee Allied Health Professionals Area Pharmaceutical Committee HCS National Leads meeting ACF Annual Report 2022/23
06/07/23	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Clinical Forum meeting held on 20 April 2023 Matters Arising from the Minute/Action Log ACF Committee Planner Culture Change and Compassionate Leadership Area Optical Committee 24 April 2023 Psychology Advisory Committee 10 May 2023 GP Sub Committee 18 April 2023 & 16 May 2023 Allied Health Professionals - Flash Report HCS National Leads meeting - Flash Report Area Dental Committee - 25 April 2023 Area Pharmaceutical Committee 19 April 2023 Area Medical Committee Changes to S15 Agenda for Change Handbook Review of NHS Board Agenda
09/11/23	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Clinical Forum meeting held on 6 July 2023 Matters Arising from the Minute/Action Log ACF Committee Planner - proposed items for 2024/25 Safe Staffing Interim Chief Executive – update since coming into post/Assurance Board Allied Health Professionals - Flash Report October 2023 Area Dental Committee – verbal update Area Medical Committee – meeting arranged for 28/11/23 DRAFT Area Optical Committee 28/08/23 Area Pharmaceutical Committee – 07/06/23 & 02/08/23 (DRAFT) GP Sub Committee HCS National Leads meeting/HCS meeting – October 2023 Psychology Advisory Committee 13/09/23 ACF 2024 meeting dates

25/01/24	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Clinical Forum meeting held on 9 November 2023 Matters Arising from the Minute/Action Log ACF Committee Planner - proposed items for 2024/25 Interim Chief Executive – update on Escalation Area Medical Committee 28/11/23 Area Optical Committee 28/09/23 GP Sub Committee 20/06/23 GP Sub Committee 15/08/23 GP Sub Committee 19/09/23 GP Sub Committee 17/10/23 GP Sub Committee 21/11/23 Healthcare Science Committee 14/11/23 Healthcare Science Committee 10/12/23 Healthcare Science Committee 16/01/24 Psychology Advisory Committee 15/11/23 Draft Board Agenda
21/03/24	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Clinical Forum meeting held on 25 January 2024 Matters Arising from the Minute/Action Log Safe Staffing (standing item) ACF Committee Planner - proposed items for 2024/25 Digital & eHealth Strategy/Digital Plan Area Pharmaceutical Committee 06/12/23 Psychology Advisory Committee 15/11/23 Area Dental Committee 28/11/23 GP Sub Committee 16/01/24 & 20/02/24 Area Medical Committee 23/01/24 Area Nursing and Midwifery Advisory Committee 05/02/24 & Constitution Area Optical Committee 19/02/24 Healthcare Science Local Forum 30/01/24 Draft ACF Annual Report ACF Terms of Reference Board Agenda

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

20.5b Area Partnership Forum Annual Report
For Assurance

Committee Chair: Mr Robert Clark, Employee Director

ANNUAL REPORT OF FORTH VALLEY AREA PARTNERSHIP FORUM FOR THE YEAR ENDED 31 MARCH 2024

1. PURPOSE

The Area Partnership Forum is framework within which representatives of NHS Forth Valley management and staff representatives work together on areas of mutual interest and concern.

2. AREA PARTNERSHIP FORUM

2.1 Purpose of Forum

The purpose of the Area Partnership Forum is to:

- Ensure that staff are consulted at the earliest possible stages about decisions that might affect them and the services they provide.
- Encourage staff involvement in influencing how NHS Forth Valley works towards achieving its objectives.
- Support NHS Forth Valley to meet the requirements of the national governance framework at a local level.

2.2 Meetings

The Area Partnership Forum meets on a monthly basis however the frequency can be changed by mutual consent.

3. BUSINESS

- Organisational planning and redesign
- Organisational development, including organisational change and culture
- Staff governance and workforce strategy
- Health and Safety compliance
- Equality and Diversity issues
- Lifelong learning including the design and training plans
- Review of governance report from Professor John Brown
- Regular updates on NHS Forth Valley escalation plan
- Regular updates from the Caring and Compassionate leadership programme

This list is not exhaustive.

4. COMMITTEES

The following forums are sub groups of the Area Partnership Forum:

- Acute partnership forum
- Facilities and Infrastructure forum
- Clackmannan and Stirling HSCP Joint Trade Union Forum
- Falkirk HSCP Joint Trade Union Forum
- Pharmacy partnership forum
- Mental Health and Learning disabilities forum

5. OUTCOMES

The Area Partnership Forum has had various outcomes in 2023/24

- Job evaluation process refresh agreed.
- Organisational change process agreed and implemented.
- Interpretation and implementation of National Directives.
- Once for Scotland workforce supporting work life balance policies.
- Agreement on additional facility time for staff representatives.

6. CONCLUSION

STATEMENT OF ASSURANCE

The Area Partnership Forum has met regularly and has been well attended in 2023/24.

The business of the forum has been varied and relevant and the business has been conducted in line with the NHS Forth Valley behavioural values.

Robert Clark
Co Chairperson
On behalf of the Area Partnership Forum.

Date of meeting: 01/03/23

Present	In Attendance	Apologies
Mr Robert Clark, Employee Director (Chair)	Michael Brown, Head of HR Resourcing	Elaine Bell
Cathie Cowan, Chief Executive (Co-Chair)	Sarah Smith, Note	Linda Robertson
David O'Connor Regional Officer, Unison		Lorna Dougans
Frances Dodd, Executive Nurse Director		Elaine Macdonald
Gillian Morton, Director for CPMO/W&C Directorate/Chief Midwife		Lynsey Connor
Jennifer Borthwick, Head of Psychology Services		Patricia Cassidy
Karen Leonard, Regional Officer, GMB		Annemargaret Black
Mr Michael Brown, Head of HR Resourcing		Helena Buckley
Mr Scott Urquhart, Director of Finance		Jonathan Best
Mrs Hilary Nelson, RCN		
Mrs Margaret Kerr, Head of Organisational Development		
Ms Janett Sneddon, RCM		
Ms Karren Morrison, UNISON		
Ms Linda Donaldson, Director of HR		
Nicholas Hill, GMB		
Oriane Johnston, Dietetics		
Una Madill, College of Podiatrists		
Yvonne Myler, College of Podiatrists		

25/04/23 – meeting cancelled due to apologies

Date of meeting: 30/05/23

Present	In Attendance	Apologies
Mr Robert Clark, Employee Director (Chair)	Ross Cheape, Service Development Manager - Mental Health	Jennifer Borthwick
Cathie Cowan, Chief Executive (Co-Chair)	Fiona Donnelly, Interim Service Manager Prisons, PDUs and Portfolio ANP's	Patricia Cassidy
Elaine Bell, Interim Associate Director of HR	Marie Gardiner¸ Head of Service	Mark Craske
Michael Brown, Head of HR Resourcing	Judith Rooney, Service Manager - Emergency Care & Inpatients (Item 6.2)	Linda Donaldson
Frances Dodd, Executive Nurse Director	Sarah Smith, Corporate Services Assistant (minute)	Bryan Hynd
Linda Guy, HR Manager		Yvonne Myler
Nicholas Hill, GMB		Jonathan Procter
Margaret Kerr, Head of Organisational Development		Cameron Raeburn
Karen Leonard, Regional Officer, GMB		
Present	**In Attendance**	**Apologies**
Karren Morrison, UNISON		
Gillian Morton, Director for CPMO/W&C Directorate/Chief Midwife		
Hilary Nelson, RCN		
David O'Connor Regional Officer, Unison		
Linda Robertson, HR Manager		
Janett Sneddon, RCM		
Scott Urquhart, Director of Finance		

Date of meeting: 27/06/23

Present	In Attendance	Apologies
Cathie Cowan, Chief Executive (Co-Chair)	Fiona Sharples, OD Advisor	Jonathan Procter
Robert Clark, Employee Director	Fiona Donnelly, Interim Service Manager Prisons, PDUs and Portfolia ANPs	Patricia Cassidy
Elaine Bell, Interim Associate Director of HR	Julie Mitchell, Recruitment Manager	Gillian Morton
Jennifer Borthwick, Head of Psychology Services	Sarah Smith, Corporate Services	Annemargaret Black
Frances Dodd, Executive Nurse Director	Michael Brown, Head of HR Resourcing	
Sandra Drinkeld, HR Manager		
Nicholas Hill, GMB		
Karren Morrison, UNISON		
Yvonne Myler, College of Podiatrists		
Hilary Nelson, RCN		
David O'Connor, Regional Officer, Unison		
Linda Robertson, HR Manager		
Janet Sneddon, RCM		
Scott Urquhart, Director of Finance		
Lynsey Walker, Dietetics		

Date of meeting: 18/07/23

Present	In Attendance	Apologies
Robert Clark, Employee Director (Chair)	Nicola Watt, Emergency Planning & Resilience Manager	Elaine Bell
Cathie Cowan, Chief Executive (Co-Chair)	Marie Gardiner, Head of Services, Ambulatory Care, Diagnostics and Theatre	Annemargaret Black
Jennifer Borthwick, Head of Psychology Services	Sarah Smith, Note	Patricia Cassidy
Frances Dodd, Executive Nurse Director		Lynsey Walker
Nicholas Hill, GMB		
Margaret Kerr, Head of Organisational Development		
Karren Morrison, UNISON		
Gillian Morton (joined at 2.55 pm)		
Carole Murray, RCN (left at 3 pm)		
Yvonne Myler, College of Podiatrists		
Hilary Nelson, RCN		
David O'Connor, Regional Officer, Unison		
Janet Sneddon, RCM		
Scott Urquhart, Director of Finance		

Date of meeting: 22/08/23

Present	In Attendance	Apologies
Cathie Cowan, Chief Executive (Chair)	Julie Mitchell, Recruitment Manager	Annemargaret Black
Robert Clark, Employee Director (Co Chair)		Patricia Cassidy
Elaine Bell, Associate Director of HR	Ali Thomson, HR Manager, Operational HR (Observer)	Elaine Macdonald
Jennifer Borthwick, Head of Psychology Services	Nicola Wood, Interim Head of Nursing for Care Assurance & Safe Staffing	Jonathan Procter
Nicholas Hill, GMB	Emma Small RCN Rep (Shadowing Hilary Nelson)	
Oriane Johnstone (BDA)	Sarah Smith, Corporate Services Assistant (minute)	
Margaret Kerr, Head of Organisational Development		
Karren Morrison, UNISON		
Gillian Morton, Director for Corporate PMO/W&C Directorate/Chief Midwife		
Hilary Nelson, RCN		
Kevin Reith, Acting HR Director		
Linda Robertson, HR Manager		
Scott Urquhart, Director of Finance		

Date of meeting: 19/09/23

Present	In Attendance	Apologies
Robert Clark, Employee Director (Chair)	Linda Robertson, HR Service Manager for Staff Governance & Workforce	No apologies recorded
Amanda Croft, Interim Chief Executive (Co-Chair)		
David O'Connor, Regional Officer, Unison	Claire Kerr, Site Manager, Health Records Services	
Frances Dodd, Executive Nurse Director	Morag Farquhar, Associate Director of Facilities & Infrastructure – Asset	
Gillian Morton, Director of Women & Childrens and Head of Midwifery	Management	
Hilary Nelson, RCN	Andrew McGown, Head of Estates	
Janet Sneddon, RCM		
Jonathan Procter, Director of Facilities & Infrastructure		
Karren Morrison, UNISON		
Margaret Kerr, Head of Organisational Development		
Nicholas Hill, GMB		
Scott Urquhart, Director of Finance		
Yvonne Myler, College of Podiatrists		

Date of meeting: 24/10/23

Present	In Attendance	Apologies
Robert Clark (Chair)	Phyllis Wilkieson, Chief Nurse for Acute Services Directorate (for Jim Cannon, Interim Director of Acute Services)	Patricia Cassidy
Amanda Croft, Chief Executive (Co-Chair)	Julie McIlwaine, Acting HR Service Manager for Operational Team	Gail Woodcock
Annemargaret Black, Chief Officer Clackmannanshire and Stirling Integration Joint Board	Morag Farquhar, Interim Director of Facilities & infrastructure	Jim Cannon
Frances Dodd, Executive Nurse Director	Sara McEleny, HR Manager, Emergency Care & Inpatients (Shadowing)	Jennifer Borthwick
Gillian Morton, Director of Women & Children/Midwifery	Elaine MacDonald, Service Manager for Operational HR	
Hilary Nelson, RCN	Sarah Smith, Corporate Services Assistant (minute)	
Janet Sneddon, RCM		
Jennifer Borthwick, Director of Psychology		
Karren Morrison, UNISON		
Kevin Reith, Interim HR Director		
Laura Byrne, Director of Pharmacy		
Linda Robertson, HR Service Manager for Staff Governance & Workforce		
Lindsay Walker, Dietetics		
Margaret Kerr, Head of Organisational Development		
Nicholas Hill, GMB		
Sacha Brown, Physiotherapy, Unison		
Scott Urquhart, Director of Finance		
Yvonne Myler, Royal College of Podiatry		

Date of meeting: 21/11/23

Present	**In Attendance**	**Apologies**
Robert Clark (Chair)	Debbie McLeod, Project Manager, Corporate Programme Management Office	Karren Morrison
Amanda Croft, Interim Chief Executive (Co-Chair)	Charlie McCarthy, Unison, (for Karren Morrison)	Annemargaret Black
David O'Connor, Regional Officer, Unison	Sarah Smith, Note	Patricia Cassidy
Elaine McDonald, HR Service Manager		Lorna Dougans
Frances Dodd, Executive Nurse Director		Jennifer Borthwick
Gillian Morton, Director of Women & Childrens Services		Carole Murray
Hilary Nelson, RCN		
Janet Sneddon, RCM		
Jim Cannon, Interim Director of Acute Services		
Julie McIlwaine, Acting HR Service Manager (seconded)		
Julie Mitchell, Recruitment Manager		
Kevin Reith, Interim Director of Human Resources		
Laura Byrne, Director of Pharmacy		
Lynsey Walker, Dietetics		
Margaret Kerr, Head of Organisational Development and Learning Education		
Morag Farquhar, Associate Director of Facilities & Infrastructure – Asset Management		
Nicholas Hill, GMB		
Scott Urquhart, Director of Finance		

Date of meeting: 19/12/23

Present	In Attendance	Apologies
Robert Clark, Employee Director (Chair)	Phyllis Wilkieson	David O'Connor
Amanda Croft, Interim Chief Executive (Co-Chair)	Sarah Smith, Note	Gail Woodcock
Jennifer Borthwick, Head of Psychology Services		Garry Fraser (Phyllis Wilkieson)
Frances Dodd, Executive Nurse Director		Janet Sneddon
Margaret Kerr, Head of Organisational Development		Julie McIlwaine
Karren Morrison, UNISON		Karen Goudie
Gillian Morton, Director of Women & Children Services		Laura Byrne
Hilary Nelson, RCN		Oriane Johnston
Scott Urquhart, Director of Finance		Patricia Cassidy
Elaine Bell, Associate Director of HR		Sacha Brown
Linda Robertson, HR Service Manger		
Morag Farquhar, Associate Director of Facilities & Infrastructure		
Kevin Reith, Interim Director of Human Resources		
Lynsey Walker, British Dietetic Society		
Elaine Macdonald, HR Service Manager		

Date of meeting: 23/01/24

Present	In Attendance	Apologies
Robert Clark, Employee Director (Chair)	Scott Jaffray, Associate Director of Facilities & Infrastructure, Digital & eHealth	Patricia Cassidy
Amanda Croft, Chief Executive (Co-Chair)	Thomas French, Consultant Aging and Health	Lorna Dougans
Elaine Bell, Associate Director of HR	Gordon Tucker, Unison (for David O'Connor)	Nick Hill
Elaine Macdonald, Human Resources Service Manager	Sarah Smith, Corporate Services Assistant (minute)	
Frances Dodd, Executive Nurse Director		
Gillian Morton, Director of Women & Childrens Services		
Hilary Nelson, RCN		
Janet Sneddon, RCM		
Jennifer Borthwick, Head of Psychology Services		
Julie Mitchell, Recruitment Manager		
Karen Goudie, Director of Nursing		
Karren Morrison, UNISON		
Kevin Reith, Interim Director of HR		
Laura Byrne, Director of Pharmacy		
Lynsey Walker, Dietetics		
Margaret Kerr, Head of Organisational Development		
Morag Farquhar, Associate Director of Facilities & Infrastructure – Asset Management		
Scott Urquhart, Director of Finance		
Yvonne Myler, College of Podiatrists		

Date of meeting: 20/02/24

Present	In Attendance	Apologies
Robert Clark, Employee Director (Chair)	Sarah Smith, Note	Morag Farquhar
Frances Dodd, Executive Nurse Director	Rebecca Reid, Corporate Services (Observer)	Una Madill
Garry Fraser, Acute Services Director		Elaine Bell
Janet Sneddon, RCM		Gillian Morton
Jennifer Borthwick, Head of Psychology Services		Amanda Croft
Karren Morrison, UNISON		Elaine Macdonald
Kevin Reith, Interim Director of Human Resources		Hilary Nelson
Laura Byrne, Director of Pharmacy		Lorna Dougans

Linda Robertson, HR Service Manager – Workforce Planning & Staff Governance		Patricia Cassidy
Lynsey Walker, Dietetics		
Margaret Kerr, Head of Organisational Development		
Nicholas Hill, GMB		
Scott Urquhart, Director of Finance		
Thomas French, LMC		

Date of meeting: 19/03/24

Present	In Attendance	Apologies
Robert Clark, Employee Director (Chair)	Sarah Smith, Note	Jennifer Borthwick
Amanda Croft (Co Chair)		Patricia Cassidy
Elaine Bell, Associate Director of Human Resources		Lorna Dougans
Elaine MacDonald, Human Resources Service Manager		David Williams
Garry Fraser, Acute Services Director		Juliette Murray
Hilary Nelson, RCN		
Janet Sneddon, RCM		
Karren Morrison, UNISON		
Kevin Reith, Interim Director of Human Resources		
Laura Byrne, Director of Pharmacy		
Linda Robertson, HR Service Manager – Workforce Planning & Staff Governance		
Lynsey Walker, Dietetics		
Margaret Kerr, Head of Organisational Development		
Morag Farquhar, Director of Facilities		
Nicholas Hill, GMB		
Scott Urquhart, Director of Finance		
Thomas French, LMC		

AREA PARTNERSHIP FORUM
SCHEDULE OF BUSINESS CONSIDERED 2023/24

DATE	TITLE OF BUSINESS DISCUSSED
30/05/24	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on Wednesday 1 March 2023 Action Log Matters Arising from the Minute/Action Log Culture Review Process & APF involvement FOR APPROVAL • Mental Health Unit Shift Patterns Organisational Change Duty Manager Rota • Health and Corporate Records Management Plan • HMP/YOI Stirling: Proposed Change to Shift Pattern BETTER CARE • Performance Report BETTER VALUE • NHS Forth Valley Finance Report BETTER WORKFORCE • Absence Management BETTER GOVERNANCE • Review of Governance by Prof John Brown, Chair of NHSGG&C FOR NOTING • Update on Organisation Development Priorities including Learning, Education and iMatter • Circular and Policies • Facilities & Infrastructure Partnership Forum Minute 01/12/22 For Noting • ESM Overtime Letter 30/03/23 ANY OTHER COMPETENT BUSINESS Staff Governance Committee: • Board Escalation update (Role of Staff Governance Committee) • ICE Report • Attendance Management paper • Changes to Absence Reporting and Improvement support B2-B3 Bank Staff DATE OF NEXT MEETING • Tuesday 27 June 2023 at 2 pm, via MS Teams
27/06/23	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on Tuesday 30 May 2023 Action Log Matters Arising from the Minute/Action Log Escalation Update Culture Review Process & APF involvement Job Evaluation FOR APPROVAL • HMP & YOI Stirling, Change to Shift Pattern

	• Medical Workforce Organisational Change Proposal BETTER CARE • Performance Report BETTER VALUE • NHS Forth Valley Finance Report BETTER WORKFORCE • Absence Management BETTER GOVERNANCE • Review of Governance by Prof John Brown, Chair of NHSGG&C FOR NOTING • Update on Organisation Development Priorities including Learning, Education and iMatter • Circular and Policies • Facilities & Infrastructure Partnership Forum Minute 2 March 2023 ANY OTHER COMPETENT BUSINESS Staff Governance Committee: • Board Escalation update (Role of Staff Governance Committee) DATE OF NEXT MEETING • Tuesday 18 July 2023 at 2 pm, via MS Teams
18/07/23	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) UCI Cycle Event Draft Minute of Area Partnership Forum meeting held on 27 June 2023 Escalation Update 'Supporting our Staff' Action Log Matters Arising from the Minute/Action Log Sturrock Group meetings Local Policy Group Accommodation Review FOR APPROVAL • NHS Scotland Workforce Policies – Supporting Work Life Balance BETTER CARE • Performance Report BETTER VALUE • NHS Forth Valley Finance Report • National Principles for the Management of Agency Workforce Supply to NHS Scotland Health Boards BETTER WORKFORCE • Absence Management BETTER GOVERNANCE • Review of Governance by Prof John Brown, Chair of NHSGG&C FOR NOTING • Update on Organisation Development Priorities including Learning, Education and iMatter ANY OTHER COMPETENT BUSINESS

	DATE OF NEXT MEETING • Tuesday 22 August 2023 at 2 pm, via MS Team
22/08/23	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on 18 July 2023 Action Log Matters Arising from the Minute/Action Log Escalation Update FOR APPROVAL • Proposal to close Stirling Community Hospital Ward 5 • Organisational Change – Bringing together Outpatient Phlebotomy Service BETTER CARE • Performance Report BETTER VALUE • Finance Report BETTER WORKFORCE • Absence Management • Job Evaluation BETTER GOVERNANCE • Review of Governance by Prof John Brown, Chair of NHSGG&C FOR NOTING • Update on Organisation Development Priorities including Learning, Education and iMatter ANY OTHER COMPETENT BUSINESS • Memorial Sculpture DATE OF NEXT MEETING - Tuesday 19 September 2023 at 2 pm, via MS Teams
19/09/23	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on 22 August 2023 Action Log Matters Arising from the Minute/Action Log FOR APPROVAL • Job Evaluation • Facilities Time Procedure • Radiology Secretaries BETTER CARE • Performance Report BETTER VALUE • Finance Report BETTER WORKFORCE • Absence Management BETTER GOVERNANCE • Review of Governance by Prof John Brown, Chair of NHSGG&C Seek Assurance FOR NOTING • Briefing note - Reinforced Autoclaved Aerated Concrete (RAAC)

	• Update on Organisation Development Priorities including Learning, Education and iMatter • Circulars and Policies ANY OTHER COMPETENT BUSINESS DATE OF NEXT MEETING • Tuesday 24 October 2023 at 2 pm, via MS Teams
24/10/23	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on 19 September 2023 Action Log Matters Arising from the Minute/Action Log Escalation update BETTER CARE • Winter Plan FOR NOTING • Update on Organisation Development Priorities including Learning, Education and iMatter • Circulars and Policies FOR APPROVAL • Christmas & New Year Pay Arrangements BETTER VALUE • Finance Report BETTER WORKFORCE • Absence Management • Absence Action Plan BETTER GOVERNANCE ANY OTHER COMPETENT BUSINESS DATE OF NEXT MEETING • Tuesday 5 December 2023 at 2 pm, via MS Teams
21/11/23	Apologies for Absence / Confirmation of Quorum F Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on 24 October 2023 Action Log Matters Arising from the Minute/Action Log Escalation update Assurance and Improvement Plan BETTER CARE FOR NOTING • Update on Organisation Development Priorities including Learning, Education and iMatter FOR APPROVAL BETTER VALUE • Finance Report • Cost Variation & Awareness Programme Board

	BETTER WORKFORCE • Attendance Management • Job Evaluation BETTER GOVERNANCE • Acute Forum ANY OTHER COMPETENT BUSINESS DATE OF NEXT MEETING • Tuesday 19 December 2023 at 3 pm, via MS Teams
19/12/23	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on 21/11/23 Action Log Matters Arising from the Minute/Action Log Escalation update Celebrating Success BETTER CARE • Culture Change and Compassionate Leadership Programme FOR NOTING • Update on Organisation Development Priorities including Learning, Education and iMatter • Public Holidays 2024/25 • APF Circulars and Policies FOR APPROVAL BETTER VALUE • Finance Report BETTER WORKFORCE • Attendance Management Action Plan • SG Press Statement 'non pay' elements of the 23-24 pay deal • Job Evaluation BETTER GOVERNANCE ANY OTHER COMPETENT BUSINESS DATE OF NEXT MEETING • Tuesday 23 January 2024 @ 2 pm, in the Boardroom, Carseview
23/01/24	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on 19/12/23 Action Log Matters Arising from the Minute/Action Log Assurance & Improvement Plan update BETTER CARE • Digital Strategy FOR NOTING • Update on Organisation Development Priorities including Learning, Education and iMatter BETTER VALUE • Finance Report

	BETTER WORKFORCE • Band 2/3 Healthcare Support Worker Review • Attendance Management ANY OTHER COMPETENT BUSINESS DATE OF NEXT MEETING • Tuesday 20 February 2024 @ 2 pm, in the Boardroom, Carseview
20/02/24	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on 23/01/24 Action Log Matters Arising from the Minute/Action Log Assurance & Improvement Plan update BETTER CARE • Firebreak Update BETTER VALUE • Finance Report • Facility Time BETTER WORKFORCE • Professional Leadership • Bank HCSW Band 2 to 3 Process FOR NOTING • Update on Organisation Development Priorities including Learning, Education and iMatter ANY OTHER COMPETENT BUSINESS DATE OF NEXT MEETING • Tuesday 19 March 2024 @ 2 pm, in the Boardroom, Carseview
19/03/24	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on 20 February 2024 Action Log Matters Arising from the Minute/Action Log Sturrock Review BETTER CARE BETTER VALUE • Finance Report BETTER WORKFORCE • Staff Governance Report • Promoting Attendance • Scheme of Delegation and principles • Agenda for Change Pay 2024/25 • Pay Review 2023/24 FOR NOTING • Update on Organisation Development Priorities including Learning, Education and iMatter • Quarterly Equality & Diversity Monitoring Report ANY OTHER COMPETENT BUSINESS

	DATE OF NEXT MEETING • Tuesday 23 April 2024 @ 2 pm, via MS Teams
23/04/24	Apologies for Absence / Confirmation of Quorum Declaration (s) of Interest (s) Draft Minute of Area Partnership Forum meeting held on 19 March 2024 Action Log Matters Arising from the Minute/Action Log Assurance & Improvement Plan Escalation Update FOR APPROVAL • Change to on-call Nurse Manager Arrangements – Mental Health & Learning Disability Services • Shift patterns for Nursing Staff Lochview • Supporting Neurodiversity in the Workplace BETTER VALUE • Finance Report BETTER WORKFORCE • Worksmart Steering Group - Introduction • Agenda for Change Pay Review Implementation FOR NOTING • Circulars and Policies ANY OTHER COMPETENT BUSINESS DATE OF NEXT MEETING • Tuesday 21 May 2024 @ 2 pm, via MS Teams/Boardroom, Carseview

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2023

20.6 Data Protection Officer Report
For Assurance

Executive Sponsor: Mr Andrew Murray, Medical Director

Author: Mrs Sarah Hughes-Jones, Head of Information Governance

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Executive Summary

The Board's Data Protection Officer (DPO) has a legal responsibility for monitoring compliance with data protection law and to report performance, issues and risks to the highest management level within the organisation.

This report relates to data protection activity within NHS Forth Valley during 2023. This reflects the same period reported within the Information Governance Annual Report which was changed to a calendar reporting period to facilitate an Internal Audit recommendation.

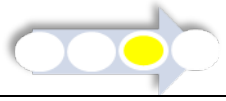
Recommendation

The NHS Board is asked to:

- **note** the assurance activity referenced in this report.

Assurance

NHS Forth Valley has appropriate processes and controls in place to manage its obligations under data protection legislation. While controls are applied frequently, the recording of information risk requires to embed before a higher assurance rating can be formally evidenced. Consequently, a reasonable level of assurance is reported for the period covered by this report.

Level of Assurance	System Adequacy	Controls
Reasonable Assurance 	Adequate framework of key controls with minor weaknesses present.	Controls are applied frequently but with evidence of non-compliance.

Key issues to be considered

Rights of data subjects

Subject access requests (SARs)

Individuals (data subjects) have the right to request access to personal data that NHS Forth Valley holds about them. We are obliged to respond to SARs within one calendar month (with a possible extension to three months for complex requests).

When SARs relate to health records, they are primarily handled by the Health Records Team. When SARs relate to non-health records, they are primarily handled by the Information

Governance Unit (IGU). In addition, Occupational Health will also respond to SARs directly to ensure confidentiality within the colleague/OH relationship is maintained.

2023	Q1	Q2	Q3	Q4
SARs received (Health)	619	632	625	638
SARs received (Non-Health)	20	21	22	18

2022	Q1	Q2	Q3	Q4
SARs received (Health)	533	519	600	498
SARs received (Non-Health)	16	07	17	12

2023 saw a rise in SAR requests against the previous year. To provide assurance around NHS Forth Valley's handling of SARs, a SAR audit has been initiated by the IGU to ensure that current processes and procedures are fit for purpose. This aims to identify whether SARs are handled consistently across the organisation, share learning, and ensure best practice.

Other data protection rights

Data subjects have the right to ask NHS Forth Valley to rectify, erase, or restrict processing of their personal data. They also have a right to object to processing. While NHS Forth Valley will not always need to comply with such a request, they must be responded to within one month (with a possible extension to three months for complex requests). Request volumes for these types of requests continue to be low.

2023	Q1	Q2	Q3	Q4
Requests for Rectification	01	01	02	02
Requests for Erasure	00	00	00	00
Requests to Restrict Processing	00	00	00	00
Objections to processing	00	00	00	00

2022	Q1	Q2	Q3	Q4
Requests for Rectification	01	00	01	03
Requests for Erasure	00	00	00	00
Requests to Restrict Processing	00	00	00	00
Objections to processing	00	00	00	00

Complaints to the UK Information Commissioner (ICO)

If data subjects are unhappy with the way NHS Forth Valley has handled their personal data, or dealt with a request, they can complain to the ICO. Complaints to the ICO remain low.

2023	Q1	Q2	Q3	Q4
Complaints to ICO	02	00	00	00

2022	Q1	Q2	Q3	Q4
Complaints to ICO	00	00	00	00

Data protection breaches

A personal data breach means a breach of security leading to the accidental or unlawful destruction, loss, alteration, unauthorised disclosure of, or access to, personal data. This includes breaches that are the result of both accidental and deliberate causes.

Colleagues are encouraged to report all potential data protection breaches (including near misses and low-level incidents or concerns) using the adverse event reporting system (Safeguard). This is to ensure that the Board builds a culture where incidents are routinely reported and assessed, and opportunities to learn and / or take preventative action are identified.

The IGU assesses all reported incidents, to consider whether the incident is reportable, assess the risk to the individual(s) involved, and make recommendations. Where a data protection breach creates a high risk to the individual(s) concerned, UK-GDPR requires the Board to report the breach to the UK Information Commissioner (ICO) within 72 hours.

The IGU introduced a new register to support the internal analysis of data protection breaches in September 2022. The new register will support improved trend analysis over time however a direct comparison with the previous year is not yet possible.

2023	**Q1**	**Q2**	**Q3**	**Q4**	**Total**
No. of breach concerns:	16	17	16	11	60
No. reported to IGU within 72 hours of becoming known:	12	12	11	09	44
No. assessed to be a data protection breach:	10	10	11	08	39
No. assessed as not a breach / near miss:	06	07	05	03	21
No. assessed as high risk to data subject(s): **Reportable to the UK ICO**	00	00	01	00	1
No. assessed as medium risk to data subject(s):	05	06	10	01	22
No. assessed as low risk to data subject(s):	11	11	05	10	37

One data protection breach was assessed to meet the threshold requiring report to the UK ICO. This involved another organisation processing personal data for the purposes of a research project in a manner which was out with the process approved by the PBPP Tier 1. In all cases, the security incident / breach policies and procedures were followed ensuring that the situations were responded to appropriately and the impact to data subjects minimised.

Data protection activity within NHS Forth Valley

Requests for disclosure of personal data from other agencies

NHS Forth Valley receives many requests for personal data from other organisations under Schedule 2 of the Data Protection Act 2018; for example, Police Scotland may request disclosures of personal data when it is necessary for the prevention and detection of crime. While not subject to statutory timescales, the nature of these requests requires timely responses.

2023	**Q1**	**Q2**	**Q3**	**Q4**
Total requests under Schedule 2, 1, 2	80	110	45	87

2022	**Q1**	**Q2**	**Q3**	**Q4**
Total requests under Schedule 2, 1, 2	67	58	53	50

As in previous years the number of requests received under Schedule 2, 1, 2 continues to increase. Towards the end of 2023 (Q4), the Covid-19 Death Investigation Team commenced submitting information requests as part of Operation Koper and this attributes towards the rise in the number of requests received for that period.

Data Protection Impact Assessments (DPIAs)

DPIAs help to identify data protection issues at the start of a project and reduce the risk of non-compliance with UK-GDPR. Data protection legislation requires DPIAs to be completed in certain circumstances, specifically when personal data processing is identified as being high risk. To embed a culture of compliance, it is recommended that services complete a data protection assessment when introducing or changing any project, process or system which involves personal data.

The IGU introduced a new register to support the internal analysis of data protection assessments in late 2022 to enable a better understanding of the level of risk associated with assessed activities involving personal data. The new register will support improved trend analysis over time however a direct comparison with the previous year is not yet possible.

2023	**Q1**	**Q2**	**Q3**	**Q4**
DPIAs received:	21	26	23	31
DPIAs referred to the UK ICO	00	00	00	00
No. assessed as high risk to data subject(s):	03	06	05	09
No. assessed as medium risk to data subject(s):	09	15	09	16
No. assessed as low risk to data subject(s):	09	05	09	06

Completion of data protection assessments provide assurance that services are continuing to consider privacy and data protection risks. Where risks are identified, the data protection assessment process enables mitigation to be incorporated into the activity's design, thereby reducing the risk to individuals and the organisation as a whole.

ROPA

To comply with Article 30 of the UK-GDPR, certain organisation are required to collate a Record of Processing Activities (ROPA). This is, essentially, a list of the activities undertaken by NHS Forth Valley which involve personal data. The ROPA sets out the purpose of the processing activity, describes the personal data and categories of data subject it involves, identifies the lawful basis of processing, the security measures in place to protect the personal data, whether and how personal data is shared, and how long it will be kept.

NHS Forth Valley's ROPA is maintained by the Information Governance Unit, and supported by other information governance tools and processes such as data protection assessments and the information asset register.

Data protection enquiries

The DPO and IGU deal with many enquiries about data protection issues from colleagues across the organisation, and wider partners e.g., GP practices. These range from basic to complex enquiries around various areas of data protection compliance including information sharing practice and governance, privacy notices, contractual clauses, and security controls.

Training

All colleagues are expected to complete mandatory training on data protection by undertaking the Safe Information Handling module. The target compliance for completion of information governance eLearning modules is 90%. The current compliance rates reported by NHSFV are as follows:

2023	Q1	Q2	Q3	Q4
Overall Compliance	48%	42%	45%	50%

The fall in compliance rates in relation to e-learning training is not unique to data protection training and is indicative of pressures throughout the workforce being addressed at an organisational level.

In addition to e-learning, the IGU delivers bespoke training to services and teams upon request, and to support services engaged in information governance activities e.g., data protection assessments and breaches.

ICO Audit

The ICO conducted an audit of NHS Forth Valley's data protection arrangements, relating to Governance & Accountability and Data Sharing, in January 2023. The audit consisted of a desktop review of policies, procedures, and supporting evidence submitted to the ICO, and a number of interviews with key staff, held over MS Teams.

NHS Forth Valley received a High Assurance Rating as a result of the audit. Ten recommendations were made to improve practice which were reported to the Executive Leadership Team and Performance and Resources Committee. The completion of actions is monitored through the Information Governance Group.

Data protection developments

Data Protection and Digital Information Bill

The UK government has introduced the Data Protection and Digital Information Bill which is currently at the House of Lords Report stage of the parliamentary process. It is broadly anticipated that this Bill will pass under the current government, however this could be impacted if there is a general election prior to the Bill receiving Royal Assent.

While the Bill remains subject to change, at present, key amendments are:

- Refining the definition of personal data in an effort to clarify when a person can be identified from data.
- Removal of the statutory obligation on organisations to appoint a Data Protection Officer. Instead, public authorities will be obliged to identify a Senior Responsible Individual at Board level with responsibilities for data protection compliance (which can thereafter be delegated to another person within an organisation as appropriate).
- Introduce the ability for organisations to refuse subject access requests if they are assessed to be vexatious. This would align data protection legislation with freedom of information law, although is unlikely to substantially impact our approach to the majority of requests.
- Limit the requirement for organisations to maintain a ROPA to those who engage in high-risk processing. As NHS Forth Valley processes special category data (health information on a large scale), we will still be obliged to maintain a ROPA.
- Abolish the role of the UK Information Commissioner and replace with an Information Commission incorporating the roles of the UK Information Commissioner, the Surveillance Camera Commissioner, and the Biometrics Commissioner into one place.
- Relaxing some rules around cookie consent to enable website analytics to be more readily collected.

Overall, at present, the suggested amendments to data protection legislation seem likely to bring only superficial change to NHS Forth Valley's approach to managing personal data. The IGU will follow progress of the Bill to ensure any emerging information risks associated with

the change to law are quickly identified and managed in accordance with the Corporate Risk Management framework.

Implications

Financial Implications
There are no direct financial implications raised by this report. Appropriate management of its data protection obligations protects NHS Forth Valley from the risk of financial penalties caused by breaches of legislation.

Workforce Implications
There are no direct workforce implications raised by this report.

Infrastructure Implications including Digital
There are no direct infrastructure implications as a result of this report. Appropriate management of its data protection obligations protects NHS Forth Valley to maintain its essential services.

Sustainability Implications
There are no sustainability implications as a result of this report.

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development. *(please tick relevant box)*
√ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
There are no direct quality or patient care implications raised by this report. Appropriate management of its data protection obligations protects NHS Forth Valley to maintain its essential services.

Information Governance Implications
This report provides assurance around NHS Forth Valley's adherence to its information governance obligations.

Risk Assessment / Management
This report forms evidence of controls in place against the following organisational risks:

- SRR.003 – Information Governance
  If NHS Forth Valley fails to implement and embed effective and consistent Information Governance arrangements, there is a risk we would experience systemic compliance issues and inability to use our information assets effectively, resulting in reputational damage and potential legal breaches leading to financial penalties.

- SRR.015 – Cyber Resilience
  If NHS Forth Valley do not maintain the effectiveness of current cyber security controls and implement improvements to security controls where possible. There is a risk that the cyber security of the organisation may be compromised Resulting in a significant disruption to the services delivered by the organisation and an impact to the confidentiality, integrity, and availability of systems and data.

Relevance to Strategic Priorities
Appropriate controls to manage data protection compliance support the Board's ability to deliver its essential services.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:

- Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
The following individuals have contributed to this report:
Sarah Hughes-Jones, Head of Information Governance & Data Protection Officer (author)
Linda Allen, Data Protection Manager (contributor)

Additional Information
Data protection compliance is routinely reported and monitored by the Information Governance Group which meets quarterly.

Appendices
None.

FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

20.7 NHS Forth Valley NMAHP 5 Year Strategic Enhancement Plan

For Information

Executive Sponsor: Professor Frances Dodd, Executive Nurse Director

Author: Professor Frances Dodd, Executive Nurse Director / Claire Peacock, PA to Executive Nurse Director

Executive Summary

This paper is presented to the NHS Board to give an update on the Nursing, Midwifery and Allied Health Professions (NMAHP's) Strategic Enhancement 5-year plan (Appendix 1**)** and to note the Annual Report for Year 1 - 2023/24 at Appendix 2.

During 2023 the NMAHP professional leadership team continued to develop and strengthen the NMAHP community looking at creating a strategic direction and vision across Forth Valley. This has been done collaboratively and involved the development of a Strategic Enhanced Plan (STEP) over 5 years.

The Strategic Enhancement Plan has given a strong foundation and basis for the work NMAHPs require to undertake in relation to professional leadership, governance, improvement, and accountability across the organisation.

This work has involved a significant number of staff contributing to the plan and working to ensure the NMAHP professionals across the system have been able to influence this.

The plan gives the basis of how NMAHPs will deliver services over the next 5 years with a focus on ensuring the quality and safety of patient care we provide for the people of Forth Valley.

Recommendation

The Forth Valley NHS Board is asked to:

- **note** the NMAHP 5-Year Strategic Enhancement Plan
- **note** the Annual Report 2023/24 (Year 1)

Assurance

Proposed assurance level:

Level of Assurance	System Adequacy	Controls
Substantial Assurance	Robust framework of key controls ensure objectives are likely to be achieved.	Controls are applied continuously or with only minor lapses.

Key Issues to be Considered

1. Purpose of the Paper

1.1 This paper is presented to the NHS Board to give an update on the Nursing, Midwifery and Allied Health Professions (NMAHPs) Strategic Enhancement 5-year plan and to note the progress and the Annual Report for Year 1 - 2023/24.

1.2 The NMAHP community have worked collaboratively to create a strategic direction and vision across Forth Valley, which involved the development of a Strategic Enhanced Plan over 5 years.

1.3 As described above the Strategic Enhancement Plan has given a strong foundation and basis for the work NMAHPs need to undertake in relation to professional leadership, governance, improvement, and accountability across the organisation.

1.4 I am pleased to say that Year 1 of the strategy has and continues to be delivered across our teams and this is demonstrated and recognised throughout the annual report.

1.5 Furthermore throughout 2024 we will work closely with our Senior Charges Nurses/Midwives and Team Leads to further strengthen these arrangements. As part of our 2024 pre-arranged sessions we will continue to create development opportunities for staff in their leadership, as well as supporting the creation of a community of support of senior professional leaders across Forth Valley.

Financial Implications

There are no financial implications over and above the existing staff costs.

Workforce Implications

This is anticipated to potentially have a positive impact on both staff recruitment and retention, creating professional strategic direction, psychological safety and professional career pathways and progression going forward.

Infrastructure Implications including Digital

There are no infrastructure implications to note.

Sustainability Implications

There are no sustainability implications to note.

Sustainability Declaration

Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process. (A policy for NHS Scotland on the climate emergency and sustainable development) (please tick relevant box)

☒ *Yes*

☐ *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications

We recognise the challenges and pressures our NHS is under at this time to deliver a high standard of care. The NMAHP annual report demonstrates some of the key highlights across the NMAHP Community to deliver excellent care, developments and improvements to support the quality and safety of care for the people of Forth Valley.

Information Governance Implications

There are no implications relating to Information Governance.

Risk Assessment / Management

The Strategic Enhancement Plan has created a strong foundation and basis for the work NMAHPs need to undertake in terms of professional leadership, governance, improvement, and accountability across the organisation.

The plan gives the basis of how NMAHPs will deliver services over the 5 years with a focus on ensuring the quality and safety of patient care we provide for the people of Forth Valley.

Relevance to Strategic Priorities

Where does this fit with our corporate objectives / strategic priorities / aims of the organisation. Include reference to any key strategies, government policy/directives, local policy.

- Plan for the future
- Improve the focus on safety and quality
- Value and develop our people
- Making the best use of our resources
- Improving the health of the population

Equality Declaration

The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that: (please tick relevant box)

☐ *Paper is not relevant to Equality and Diversity*
☒ *Screening completed - no discrimination noted*
☒ *Full Equality Impact Assessment completed – report available on request*

Communication, involvement, engagement and consultation

A significant number of NMAHP staff contributed to the development of the Strategic Enhancement Plan and annual report and have been considered to date by the following group/s. The group/s have informed the development of the content presented in the plan and report.

- NMAHP Senior Leaders Professional Group

Additional Information

None.

Appendices

- Appendix 1: NHS Forth Valley NMAHP 5 –Year Strategic Enhancement Plan
- Appendix 2: NMAHP Annual Report 2023/24

NMAHP STRATEGY MAP – SUPPORTING DELIVERY OF NHS FORTH VALLEY's ANNUAL OPERATING PLAN - 2023/2024					
Scottish Government's National Strategic Objectives	Wealthier & Fairer	Greener	Healthier	Safer & Stronger	Smarter
National Quality Ambitions for the NHS	Person Centred		Safe		Effective
NHS Forth Valley's Ambitions	Better Care	Better Health	Better Value	Better Workforce	Better Governance
	Working together to protect the health and wellbeing of our patients and staff ***To be a great place to work and an outstanding place to receive care***				
NHS Forth Valley's Corporate Objectives	Improve our focus on safety, quality, and sustainability	Protect and improve the health and wellbeing of the people of FV whilst reducing health inequalities	Promote and build integrated services locally and regionally safely transfer	Demonstrate best value using resources	Value and develop our people
Cross Cutting Corporate Objectives	Display Leadership behaviours that nurture and support transformational change across our health and care system				
	Plan for the Future				
NHS Forth Valley's NMAHP strategic purpose is to collaboratively lead transformation in a culture that is physiologically safe and nurturing. One that provides professional leadership to support the development of care and services with an NMAHP Workforce that feel trusted, listened to and in turn confident to aspire for professional excellence					
NHS Forth Valley's **Example** NMAHP KPI Themes	Improved Waiting Times Mental Health Access Support for Young People Innovation and Research Capacity /Capability Plans Participation Standards Feedback, Comments, Concerns and Complaints AILIP and Spiritual Care Strategy Clinical Service Strategies Public Protection Substance Misuse Poverty and Inequalities	Health Reform Statutory Responsibility Legislative Requirements Locality and Health Improvement Plans Population Health/ Screening Transformational expansion of Early Years Strategic Commissioning Early Prevention & Intervention	Revenue, Capital & CRES Workload and Workforce Planning eHealth & Technology Agency Use AL Allocation Integrated Planning Climate Change Wastage – DNA's Sustainability Agenda	Health & Safety iMatters/TURAS Leadership Succession Planning Transforming Roles Missed Care Psychological Safety E-Enabled HCPC / NMC Standards	Infection Prevention & Control Transforming - Primary Care/Patient Safety /Framework for Clinical Excellence/ Quality of Care Emergency Planning/ Business Resilience /Continuity Safety and Quality of the Estate/Duty of Candour Healthy Weight & Physical Activity

NHS Forth Valley NMAHP 5 Year Strategic Enhancement Plan
Year 1-5 2023/24

STEP Diagram

Colour Code:
People
Process
Product

2028 Vision

NHS Forth Valley NMAHPs will work to a single vision within a psychologically safe culture. The NMAHP workforce will be professional, confident, competent, empowered, and skilled, encouraging a stable workforce with embedded compassionate leadership evident at all levels of the organisation. We will provide fully integrated and cohesive NMAHP career frameworks and progressive workforce models, with robust succession planning to ensure a flexible and adaptive workforce. NHS Forth Valley will present welcoming and innovative career opportunities. NHS Forth Valley NMAHPs will provide strong professional leadership demonstrating the conditions for an open and inclusive culture. We will proactively work with partners to coproduce clinical and professional models that meet the changing needs of our diverse community.

(2027/28) Expanded Cohort of Strong NMAHP Leaders

People - Strong and committed professionals will be acting throughout the diverse NMAHP community, where staff feel valued and heard, and NHS Forth Valley is seen as employer of choice.
Process – Systems of feedback, as underpinned by compassionate values, will be evident throughout the organisation to positively impact performance management and foster a culture of collaborative improvement.
Product - NHS Forth Valley will have a modern and resilient workforce constructed of teams that are connected, committed and competent and who communicate with consideration and mutual respect to encourage a nurturing environment.

(2026/27) Evidencing Individual Accountability

People – All NMAHP professionals can follow the 5 Cs of accountability which will mean they have **clarity** of role purpose and will, in **collaboration** with NMAHP colleagues, take ownership and show **commitment** to common organisational goals while accepting and minimising **consequences** and working to enhance performance through **coaching** and learning.
Process – A positive and reflective learning framework focused on improvement and effective governance will be achieved through caring and compassionate leadership. Evidence of an aligned workforce which meets the evolving needs of our communities.
Product – NHS Forth Valley will have a culturally positive environment with healthy, open, and transparent communication where emotionally intelligent professionals learn from critical thinking and reflective practice.

(2025/26) Realising Potential

People: Regular development and succession planning discussions with all staff empowering colleagues to take ownership and explore their potential, confident to make positive decisions about their individualised professional career pathway.
Process – Staff are provided supervision and coaching opportunities and leaders will promote psychological safety so colleagues feel empowered to develop solutions and own the implementation and influence this will have. Continually review development programmes to ensure ongoing relevance and continues to meet the needs of individuals, teams and organisation.
Product – Increased confidence in individuals and teams who are empowered to make changes, challenge barriers and are proud of their achievements. Continuous development of workforce recruitment, assessment and innovation.

(2024/25) Evaluating Impact

People - Through engagement with a variety forum, such as Compassionate Leadership and Culture programme, develop a clear baseline knowledge of current culture and understanding of psychological safety with identified actions to further enhance NHSFV as an NMAHP employer of choice.
Process - Develop clear educational and career pathways for all specialties and staff promoting structure, ambition and compassionate leadership. Initiate workforce re-design and innovation to provide a sustainable and modern model with a focus on recruitment and retention.
Product – Increased awareness of the NMAHP strategic enhancement plan with clear branding, ownership and responsibilities, which are reflected in staff objectives and ambitions. Professional and career opportunities are available to all NMAHP professionals throughout the organisation, based on each professional's personal career choice.

Gaps: **Compassionate Leadership Development**
NMAHP Workforce Governance Arrangements
Recruitment Retention Programme Board Output
NMAHP 5 Year Strategic Enhancement Plan

Current Situation

NHS Forth Valley NMAHPs are emerging from the challenges impacting healthcare, of a global pandemic with a strong desire to deliver the improvements required to meet the needs of our diverse communities. NMAHP leaders are committed to work collaboratively to develop a shared vision. Whilst recognising the workforce, workload challenges, and the benefits of a collaborative approach, we must continue to support and develop our staff to meet the future needs of the organisation and all the professional groups.

People - Build a culture of psychological safety by exhibiting authentic compassionate leadership through staff engagement, dialogue, and ownership in order to increase the level of understanding our workforce has around psychological safety and the trusting relationship and environment they experience, attracting professionals to work in NHS Forth Valley's NMAHP community.
Process - Develop and share learning materials around psychological safety cultures for all staff. Review local and corporate recruitment and retention processes to ensure they are agile and innovative with a responsive recruitment approach to meet workforce requirements.
Product - Agree a clear NMAHP strategic vision and direction that can be embedded within all NMAHP objectives and in a format that all staff can engage with and progress in their daily practice.

Nursing, Midwifery and Allied Health Professions

Annual Report 2023/24

Nursing & Midwifery & Allied Health Professions (NMAHP) Annual Report 2023/2

Foreword

2023/24 has been a very busy year across the NMAHP community in NHS Forth Valley. We have developed our Strategic Enhancement Plan (STEP) and have worked together across the whole system to strengthen professional leadership and governance. In doing this we have greater insight into the improvement and strengthening required to deliver the safest, most evidence based, contemporary practice to the people of Forth Valley.

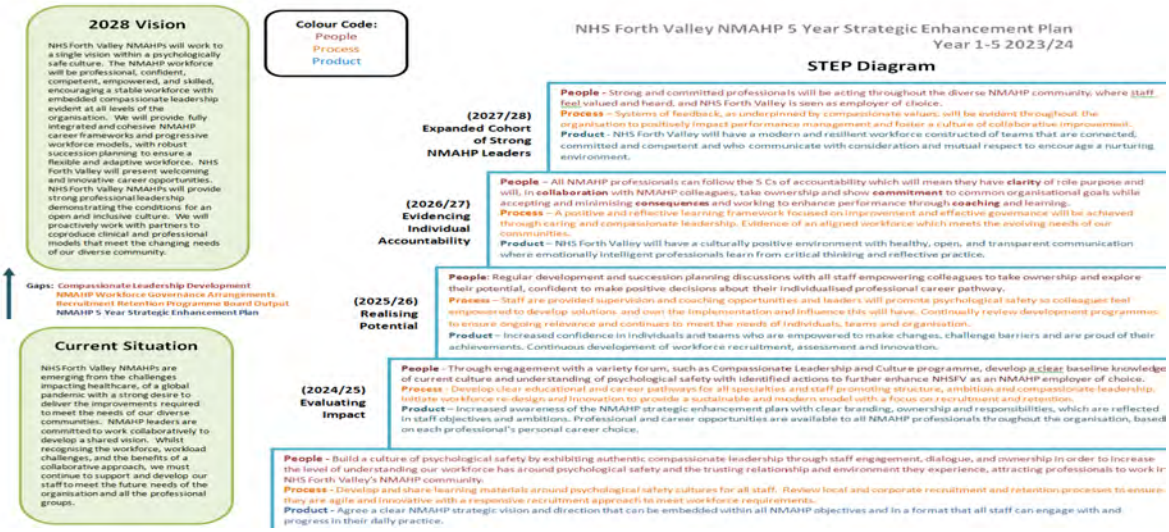
The NMAHP team are strengthening their input into the operational delivery of services through strong, compassionate professional leadership, as well as creating the conditions for NHS Forth Valley to be psychologically safe for staff to learn from feedback, as well as lead the improvement of services across the whole system.

Introduction

During 2023 we continued to develop and strengthen the NMAHP community looking at creating a strategic direction and vision across Forth Valley. We have been working collaboratively to develop a Strategic Enhanced Plan over the next 5 years.

The plan has given a strong foundation and basis for the work we need to do in terms of professional leadership, governance and accountability across the organisation. This work has involved a significant number of NMAHP staff contributing to the plan and working to ensure the staff across the whole system have been able to influence what this looks like.

The plan provides the basis of how NMAHP's will deliver services over 5 years with a focus on ensuring the quality and safety of patient care we provide for the people of NHS Forth Valley is of the highest standard.



I am pleased to say that Year 1 of the strategy has and continues to be delivered across our teams and this is demonstrated and recognised throughout the report.

Furthermore throughout 2024 we will work closely with our Senior Charges Nurses/Midwives and Team Leads to further strengthen these arrangements. As part of our 2024 pre-arranged sessions, we will continue to create development opportunities for staff in their leadership roles, as well as supporting the creation of a community of support of senior professional leaders across Forth Valley.

The Health and Care (Staffing) (Scotland) Act

I also wanted to acknowledge the preparations for the impending Safe Staffing Legislation from the Health and Care Staffing Scotland Act. NHS Forth Valley are in a positive position and have been involved with colleagues from Scottish Government and Healthcare Improvement Scotland to influence what this looks like from our perspective in terms of testing some of the guidance and reporting mechanisms to ensure they are fit for purpose.

I established and led a Strategic Oversight Group looking at preparedness across multi-disciplinary teams to ensure NHS Forth Valley were in a position to report into the national teams in terms of the responsibilities to provide the right level of staff to support patients across the multi-disciplinary professions.

We continued to prepare and had responsibility to the Board and National colleagues to ensure that our workforce and implications of the workforce are reported on a daily basis to make sure we are in a state of preparedness for any eventualities that our patients require and also that our escalation and mitigation processes are in place in order to deliver safe and effective care for the people of Forth Valley.

NMAHP Strategic Enhancement Plan – Year 1

The Executive Nurse Director supported by the NMAHP Directors are pleased to be able to share some of the key achievements and progress that the NMAHP Community have made in Year 1 of the Strategic Enhancement plan in 2023/24.

Acute Services Directorate

In keeping with promoting psychological safety and open and transparent working relationships, the acute site has held an open session for the site to discuss the Healthcare Improvement Scotland inspection report and associated requirements for improvement. In addition to these open sessions, the team have commenced and will run these every 3 months with all staff on site who are able to attend to discuss concerns and challenges.

Since Jan, the Acute team have celebrated month on month the achievements across the site to promote a positive culture of celebrating success and sharing communication for areas to improve. The plan for the next 6 months is to undertake a staff holistic needs assessment – initially starting with Nursing and then rolling out to wider staff groups."

Healthcare Improvement Scotland (HIS) Inspection

An unannounced Healthcare Improvement Scotland (HIS) inspection was undertaken in Forth Valley Royal Hospital on the 5th-7th April 2022, with a follow-up inspection visit on the 19th April 2022. Following both inspection visits nine requirements were made to NHS Forth Valley Board.

The HIS Inspection Team carried out a further unannounced visit to Forth Valley Royal Hospital on 27th- 28th September 2022. This follow-up unannounced inspection highlighted limited improvements against the original nine requirements from the April 2002 inspection. In addition, a further eleven new requirements for improvement were identified from the follow-up inspection. HIS expected NHS Forth Valley to address the eleven new requirements and the remaining unmet requirements.

To implement the HIS requirements, a multi-disciplinary stakeholder Working Group was established, chaired by the Acute Services Directorate Chief Nurse. The Working Group reported to an Oversight Group, which was chaired by the Executive Nurse Director and supported by the Executive Medical Director. The Working Group worked their way through the requirements and developed these into a detailed Improvement and Assurance plan. This was tracked on a weekly basis and looked at to refine the improvements and development of assurance and impact measures to understand delivery of the actions, the sustainability of the actions in times of pressure and the ability to deliver demonstrable evidence of sustained delivery.

HIS returned to carry out an unannounced follow-up inspection of FVRH in January 2024. The purpose of this follow-up inspection was to assess progress made against the actions contained within the NHS Forth Valley improvement action plan and the serious patient safety concerns raised through the formal escalation process.

Findings

• During this follow-up inspection HIS have been assured that significant progress has been made by NHS Forth Valley in all of the areas highlighted during previous inspections.
• HIS observed an open and supportive culture with senior hospital managers displaying a good oversight of both clinical and wider system pressures. Staff described a visible senior hospital management team and felt able to raise concerns. Patients and relatives were complimentary about their care and the staff providing it.
• HIS noted despite increased hospital capacity, the areas inspected were calm and well led with hospital teams working together to provide compassionate care.
• HIS Inspectors observed a significant improvement in both the emergency department acute assessment and clinical assessment units. HIS noted these areas were calm, organised and well led and the patients and relatives HIS spoke with were complimentary about care provided.
• HIS observed learning from patient feedback audits in the clinical assessment and acute assessment waiting areas being used to implement change to improve patient experience.
• HIS noted the majority of staff spoken to described Forth Valley Royal Hospital as a good place to work with a supportive and visible senior management team and an improvement in culture since the previous follow-up inspection in September 2022.
• HIS observed that both the staffing and hospital wide safety huddles followed a structured format and were open and transparent and promoted a culture of psychological safety where staff felt able to raise any concerns.
• HIS suggested that 8 of the 17 requirements from the previous safe delivery of care follow-up inspection in September 2022 had been met with the remaining nine being partially met. HIS acknowledged and were assured that plans were in place and ongoing improvement work is being undertaken by NHS Forth Valley to meet these remaining requirements. However, where appropriate, new requirements have been given to enable a new focus for improvement.
• HIS noted further areas for improvement have been identified during this inspection, these include improved compliance with paediatric immediate life support training, the safe storage of cleaning products, ensuring patients who require assistance at mealtimes receive this in a timely manner, management of waste and ensuring the correct procedure is followed when patients are detained under the Mental Health (Care and Treatment) (Scotland) Act.
• HIS indicated that through completion of this follow-up inspection, they are assured progress has been made by NHS Forth Valley to satisfy the serious patient safety concerns previously raised under their formal escalation processes.

HIS noted 8 areas of Good Practice and identified 1 Recommendation and 12 Requirements, HIS suggested that 9 of which were a continuation of the partially met requirements of the existing improvement work being delivered within FVRH through routine operational business within the Acute Directorate. The full report and improvement action plan can be found here https://www.healthcareimprovementscotland.scot/publications/forth-valley-royal-hospital-acute-hospital-safe-delivery-of-care-inspection-april-2024/

NHS Forth Valley Safety Collaborative

AIM Statement

Patient Safety Collaboratives have played a critical role in delivering system safety across NHS Scotland through programmes such as the SPSP Acute Adult programme. Reducing preventable harm requires a concerted, persistent, coordinated effort by all stakeholders, and a total systems approach to safety. Total systems safety requires coordination at many levels, which in turn necessitates robust team working among all stakeholders. The Aim of the NHS Forth Valley Patient Safety collaborative is to improve patient safety across several areas through implementing evidence-based practice using improvement science methodology, delivered by the IHI Breakthrough Series Collaborative model. The collaborative will focus on identifying and addressing key areas of patient safety concern, such as data quality and system reporting capability, Pressure Ulcers incidence, Safer Mobility and Falls, Cardiac arrest and Deteriorating patient, CAUTI, safety culture and development of the learning system.

We seek to add value to existing organisationally and national based patient safety programmes by working across the whole healthcare system, by bringing teams together to learn from each other through learning sessions and action learning periods whilst creating the conditions for innovation, sharing of best practice, improvement, lessons learned and stories of success. We are focused on delivering measurable and sustainable improvements in the above specific patient safety areas and associated process measures during our 15-month Safety Collaborative with a provisional launch date of August 2024.

Advanced Practice

Professional Leadership for Advanced Practice is undertaken by Dr Sharon Oswald: Nurse Consultant who represents NHS Forth Valley at a national level, she was part of the National Transforming Nursing Roles Advanced Practice Group who developed the national definition, competencies and framework. Forth Valley is part of the West of Scotland Advanced Practice Academy where Sharon represents the board. As professional lead for advanced practice, Sharon provides professional support to the advanced practice workforce and is responsible for overseeing and / or implementing new roles and ensuring appropriate governance

Currently in NHS Forth Valley we have an established Advanced Practice workforce spanning across the board including acute in-patient and out-patient services, the Emergency Department and Minor Injury Units, Primary Care & prison healthcare, Mental Health / Addictions, Out of Hours, community hospitals and care homes, approximately 200 staff.

ANPs are involved in developing others: The teams of ANPs including the lead and senior ANPs are involved in supporting education of trainee ANPs / APPs, nursing staff, medical staff and support other Healthcare Professionals through clinical and academic education such as:

frameworks. Sharon also works with local Higher Educational Institutions to develop curriculum to meet the needs of advanced practice roles.

APs are educated to Masters Level in advanced practice and are assessed as competent in this level of practice, they have the freedom and authority to act and accept the responsibility and accountability for those actions. This level of practice is characterised by high level autonomous decision making, including assessment, diagnosis, treatment including prescribing, of patients with complex multi-dimensional problems. Decisions are made using high level expert, knowledge and skills. This includes the authority to refer, admit and discharge within appropriate clinical areas.

Advanced nursing practice has four pillars of practice. **These four pillars are:-**

Clinical Assessment Unit (CAU)
The ANP role in Clinical Assessment Unit involves being a core member of the Medical Emergency Team during the day and ensuring a positive and safe patient experience within CAU. The ANP provides clinical and professional leadership within the AMU, primarily focussing on new patients in CAU.

Rapid Assessment and Care Unit (RACU)

RACU was developed 3 years ago in order to provide ambulatory management of those patients who could be seen and treated the same day, or discharged to return another day. This is primarily ANP-led with cover provided 7 days a week. Pathways for

- Advanced Clinical Assessment & Examination
- Recognition and Management of the Acutely Unwell Adult
- Deteriorating Patient simulation
- Advanced Life Support
- Acute Illness Management (AIM)
- Emergency Nurse Practitioner Course
- Multi-professional Simulation sessions
- Diagnosing and decision making for advanced practice
- Care Home Education
- Prescribing for Healthcare Professionals

Medicine

The lead ANP for Acute Medicine is Lisa Fabisiak who professionally leads and manages the teams. The Teams in medicine currently have 23 ANPs, 3 trainee ANPs and 8 level 6 practitioners.

Hospital at Night (H@N)

Advanced Nurse Practitioners have been well established as an integral part of the Hospital at Night team for many years within NHS Forth Valley. Along with the Doctors in Training (DiT) they maintain patient safety overnight and provide clinical leadership and advice to ward staff. Their role primarily involves supporting the downstream wards and responding to medical emergencies

Surgery

The lead ANP for surgical services is Lynsey Fairweather, she provides professional and operational leadership to General Surgery including the surgical Rapid Assessment & Care Unit (RACU), the National Treatment Centre and Critical Care.

The surgical Rapid Assessment & Care Unit (RACU) provides assessment and treatment to acute patients on an ambulatory basis. They see patients who would otherwise have required an overnight stay for access to diagnostic tests and treatment. These patients can now be managed either same day or with a planned return another day.

specific presenting complaints provide a mechanism for identifying suitable patients for ANPs to manage autonomously. RACU currently manages around 80-90 patients a week who would otherwise be seen in AMU.

Nurse Practitioner (NP)
Band 6 Nurse Practitioners provide ward round support to the acute receiving ward rounds in AMU. They ensure the safe and effective progression of the patient journey while liaising with patients, families, nursing staff and other members of the wider MDT. This role is ideal succession planning into the ANP role as NPs are in an excellent position to obtain experience and both academic and clinical education.

Haematology ANPs

There are two ANPs within the Haematology service who support haematology patients within Day Medicine and run autonomous clinics for some haematological conditions. Additional clinical skills include performing Bone Marrow Aspiration. The Haematology ANPs can now authorise blood products and are the first non-medical practitioners to undertake this role within NHS FV.

Surgical RACU

The Surgical RACU was developed around two years ago. Over the years it has expanded to include several pathways including right iliac fossa pain, left iliac fossa pain, right upper quadrant pain, jaundice, abscesses, acute urinary retention, renal colic and catheter changes. New pathways for surgical RACU are in the process of getting developed and will include hernias, incision and drainage of infected cysts/abscesses and testicular problems such as torsions, orchitis and epididymitis.

A total of 2400 patients were seen in Surgical RACU over the past 12 months. The unit is ANP led 5 days a week, Monday to Friday, 8am to 8.30pm at the weekend the ANP's support the Surgical Assessment Unit.

National Treatment Centre (NTC)

We have 3 ANPs, 1 trainee ANP and 1 NP in the **national treatment centre** with the aim to support any medical needs when patients are undergoing elective surgery. This is currently within the ward environment while we await completion of the new building at the rear of the hospital. The NTC is an ANP led service which supports the care of elective orthopaedic patients.
The ANP service runs 7 days a week 8am-8pm, overnight the unit is covered by H@N and orthopaedic on-call team.
From April 23 to April 24 - **948** patients went through the NTC, these included patients for elective hip replacements, knee replacements and revisions.

Advanced Critical Care Practitioners

The ACCP role is a new way of working for health professionals working in critical care. It is acknowledged that the role crosses the professional boundaries of many functions within critical care, including medicine, nursing, technical, physiotherapy and clinical pharmacology. The role is designed to ensure that patients receive timely and effective care.

The Advanced Critical Care Practitioner role was successfully introduced into Critical Care in April 2021. It is a specialist advanced nurse practitioner role, which includes competency in assessing and stabilising the seriously unwell patient, prescribing and developing and delivering a treatment plan for a patient with critical illness.

We currently have 3 ACCPs within our Critical Care Unit.

Emergency Department (ED) & Minor Injuries Units (MIU)

Tracey Archibald is the Lead for Advanced Practice within the ED & MIU services. In our **Emergency Department (ED)** we have **5 ANPs** working towards a senior level to see undifferentiated presentations and meet the knowledge and sk ills required to assess and treat the broad spectrum of clinical presentations seen in ED

Emergency Department

The ED ANP was implemented in 2022 and 3 ANPs are now fully qualified with 2 ANPs in training who are currently undertaking academic courses and the associated competency frameworks.

The focus of the ED ANP is to improve the patient experience in target triage categories three and four. These are the triage categories which most frequently present to ED. They are also the triage categories which we often struggle to be see, in a timely manner due to department demands.

The advantages of having ANPs within ED are that they are constant staff members, familiar with local policies and they perform as a highly functioning team. They provide strong leadership working alongside the ED Medical and nursing workforce.

The team assess and treat patients that present with a wide range of conditions from acutely unwell to urgent care presentations, paediatrics, mental health, and minor injuries. The primary focus initially was to review the Triage category 3 and 4 patients that presented to the ED, across all ages.

Minor Injury Team

The MIU team consists of Emergency Nurse Practitioners, Advanced MSK physiotherapists and trainee emergency nurse practitioners.

The team review patients over the age of 1 year old who present with a minor injury. There are team based at both Stirling Care Village MIU and provide a service based within the ED. There is a scheduled service that the team have developed and our aim is to continue to improve this over the next year working closely with the unscheduled care program.

The team review a large volume of patients they would have previously been reviewed in ED. They constantly meet the 4 hours access standard, 99.9 % of patients meeting this.

April 2024 there were **1864** attendances to the MIU. The average time in the department was 83 minutes with the average wait for first assessment being 13 minutes.

- 36.3% of patients spent less than 1hr in the department
- 44.8% of patients were in the department for between 1 and 2hrs

The minor injury team are committed to service improvement and a few team members have attended the quality improvement academy. They are taking forward improvements in the unit for staff wellbeing, reviewing minor injury orthopaedic guidelines, updating minor injury patient information leaflets and working towards improving the experience of patients who attend the unit with autism.

The team also support the university with teaching on the ACE course and supporting the minor injury OSCES. They also support staff nurses; student nurses, medical students and ACE students gain knowledge in minor injury assessment and management.

Acute Frailty

Susan Duffy is the Lead ANP for Acute Frailty and was appointed last year. Advance practice in frailty was developed into a formal group in August 2023 in order to guide and develop a team dedicated to the care of frail patients. Staff already working aligned to the acute care team along with newly appointed staff members came together under the direction of the lead ANP. The team currently work across several work streams including: Orthogeriatrics, Front door services, downstream wards and acute surgical services.

Ortho-geriatrics

There has been an established role for advanced practice in the Orthogeriatrics team for over 6 years in FVRH. Currently an ANP and soon to be qualified trainee work alongside the Geriatricians and the wider team to provide care for predominantly frail elderly patients with hip fractures. The team utilise comprehensive geriatric assessment as a basis for delivering evidence-based person centred care and are very much focused on the national drivers – Scottish hip fracture audit (SHFA) who provide standards of care to improve morbidity and mortality. Pending the annual report, it has been highlighted that FVRH are a positive outlier in the standards of comprehensive Geriatric assessment within 72 hrs of admission to hospital which is a great achievement for the team.

Downstream Wards

Our downstream wards are well supported with 3 very experienced Nurse practitioners and 1 trainee ANP who bring a wealth of experience, continuity and stability to the MDTs. The staff covers 2 x A&H wards, Stroke and Rehabilitation. Their daily role supports the medical and nursing staff to provide excellent person centred care to frail elderly / Stroke patients

Front Door

Our newly appointed team are early in their journey integrating with the wider established team. The current focus for the team is to develop an ambulant same day of care pathway for frail patients to be seen in RACU. This aligns with national and local drivers and is in line with Frailty standards recently updated. We are at present completing a scoping exercise to better understand the workload being admitted to ED in the view of identifying appropriate safe pathways to redirect patients to a same day of care area.

General Surgery

The Emergency Laparoscopic and Laparotomy Scottish Audit (ELLSA) highlight the importance of frailty in the outcomes for patients including mortality and length of stay. In order to reduce this gap in care, it was agreed to utilise an improvement grant to test ANP input to this patient group.
Following a period of scoping for 6 weeks in acute surgical admissions, the team have now embarked on a year's trial to improve patient journeys by screening for frailty in this patient group and completing CGA on all frail post laparotomy patients. This improvement project has been funded by HIS and is hopefully the first step in establishing a frailty service across all entries to hospital.

Comprehensive Geriatric Assessment is a multidimensional, multidisciplinary diagnostic process focussed on determining a frail older person's medical, psychological and functional capability in order to develop a coordinated and integrated plan for treatment and long term follow up.

There is clear Cochrane review evidence of the benefits of CGA which include:

- Patients more likely to be alive and at home at 6 and 12 months in comparison to general medical care.
- Patients less likely to be institutionalised.
- Reduced short term mortality.
- Improved physical function at 6 months.
- Reduced hospital admissions and reduced care home placements at 12 months.
- Improved quality of life and cognition at 12 months

Primary care

Christine Haining provides operational and professional leadership within our Primary Care Advanced Practice Services. The role out of the urgent care advanced practitioners has been very successful and allows GPs to look after patients with more complex conditions. Patients have embraced the role of advanced practitioners in primary care.

They have reported high levels of satisfaction with the care they receive. They have commented on their surprise at the autonomous ability of advanced practitioners to include assessment, diagnosis and treatment. Many patients request to see the ANP/AP again. This allows for continuity of care.
ANP/APs possess a vast array of skills and carry out: Telephone triage to categorise the urgency of the patient's condition and treat or appoint patients to a face to face appointment. Assessment and treatment of paediatric and adult patients with undiagnosed, undifferentiated medical conditions and can attend house visits as required.

Advanced practitioner training & workforce development 2023-2024

- 3 trainees have completed Non-medical prescribing course (prescribing for healthcare professionals)
- 3 trainees have completed advanced clinical assessment & examination module
- 9 trainees have completed diagnosis and decision making in primary care module
- 2 trainees have completed Paediatric Work Based Learning Module
- 12 trainee advanced practitioners have completed IRMER training
- Fully qualified advanced practitioners have been supported with stand-alone modules to secure a PGdip or MSc in advanced practice

Current staffing status at April 2024: 32 staff covering 45 practices:

- 1 Lead ANP & 4 Senior ANPs including 1 Senior Paediatric ANP (0.23 WTE)
- 20 Band 7 fully qualified ANPs (15.65WTE)
- 8 trainee ANPs (years 2 & 3) (6.3WTE)
- 4 trainees completing their training next month

Out of Hours GP services

Cheryl Johnson provides professional and operational leadership to the advanced practice team within our Out of Hours Services.

The Out of Hours service in Forth Valley operates 118 hours per week and on all Public Holidays when the Primary Care GP Practices are closed. Patients are assessed through telephone and video consultations, Attending face to face appointments and being visited in their place of residence.

Service activity averages

- ***90-110*** patients contacts Monday – Thursday 1800-0800 hours
- ***110-150*** patient contacts Friday 1800-0800 hours
- ***380-460*** patient contacts Saturday 0800 hours - Sunday 0800 hours
- ***250-350*** patient contacts Sunday 0800 hours - Monday 0800 hoours
- Easter Public Holiday Weekend 2024 - patient contacts ***2,082***

Successes and updates from last service update.

Ensuring Patient Centred Care in the Out Of Hours Period and delivering the Right Care at the Right Time in the Right Place has been strengthened by well-established hybrid roles with PCIP and ED. Funding an ANP to Mental Health Service and the Care Home Team, Strong Strategic Partnership with SAS developing and Implementing co-working opportunities and clinical pathways to keep patients at home.
Integration of Night District Nurse Team and the development of the HCSW role within Out of Hours Service to include supported Home Visits.

Increasing the use of technology such as near me consultations
Increase in posts and improvement in the development of the 8a Senior ANP role 4.63 WTE, Introduction of Paediatric Senior ANP 1.0 WTE, Band 7 ANP 4.37 WTE, Recruitment of Band 6 Nurse Practitioners 2.0 WTE, Trainee ANPs 6.0 WTE

Urgent Care Community Assessment Team (UCCAT)

Claire Stanners leads a team of Advanced Practitioners who support our 4 community hospitals and social care suites within the Bellfield Centre in Stirling. The team also support the medical needs in some mental health areas and learning disability units. At the weekends and Public Holidays, these ANPs also visit people in care homes requiring urgent unscheduled assessments as well as the Community Hospitals.

Mental Health

Mary Straub provides operational and professional responsibility to the mental Health Advanced Practice Team. We now have 7 qualified ANP's in the team along with 8 trainees who are at various stages of training and competency. We are continuing our work with OOH services to reduce unnecessary attendance at emergency department, by improving access to urgent mental health assessments via NHS 24. Along with the direct triage service offered to Police Scotland, this has improved patient access times and reduced contact with emergency department. We are preparing for the triage service to be expanded to include SAS in the near future.

For those patients involved with home treatment team, they are now provided an equal service to inpatients with a full physical health assessment being offered on inclusion. This will help with early identification of health issues, improve access to health promotion conversations and gain baseline measurements prior to commencing on medications. This will also contribute to provision of a more holistic service from mental health services.

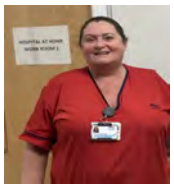
The ANP role within the team ensures high level clinical decisions are made timely, improving the patient journey.
As part of development we are undertaking a test of change to supplement the adult inpatient mental health wards with an ANP role. It is hoped that this will improve patient flow, improve early identification of physical health issues in this population and increase access to a senior clinical decision maker for the ward staff.

Hospital at Home (H@H)

Louise Kirby provides operational and professional leadership to the H@H Team. Hospital at Home is a multi-professional team who have ANPs as an integral part of the service. Hospital at Home was developed to provide person centred care for frail old er people in their own home or homely environment, the service went live in Forth Valley in May 2021. The ANPs act as senior decision-makers and undertake first assessments, diagnosis and management plans for patients within their own home or a homely environment. The service aims to provide hospital level acute care at home as an alternative to hospital admission. Hospital-at-Home have one lead ANP, 7 ANPs, 2, Trainee ANPs and 3 Nurse Practitioners

Hospital at Home reduces unnecessary hospital admissions while improving the patient experience. They provide prompt comprehensive geriatric assessment and interventions and liaise with and complement existing core services to provide effective multi-disciplinary assessment and interventions with shared decision-making towards patient-centred goals. H@H is currently operational with 30 virtual beds.

Pamela one of our H@H ANPs reflects on her role



"My experience of working within the Hospital at Home team has been educational and rewarding. Each day is different, learning from various disciplines within the team whilst providing both acute medical and holistic treatment to our patients. There is constant professional development and training, allowing staff to take on mentor roles. The positive feedback from our patients ensure staff morale is at a constant high and I look forward to the service expanding further"

Some H@H Feedback from Care Opinion
"I had anaemia and swollen legs were causing me distress. I was unable to be admitted to hospital due to it being full. I was then referred to hospital at home. Wonderful staff and a reassuring service".

Primary Care ANPs

On weekdays ANPs also visit people in care homes requiring urgent unscheduled assessments with support and advice from the GP by phone if required. The Primary Care ANPs are aligned to GP practice clusters within Falkirk, Clackmannanshire and Stirling and work weekdays.
The initiative was implemented as part of the Primary Care Improvement Plan and significantly reduces GP input in the ANP allocated Care Homes. They provide equitable, responsive, person centred care for frail people with complex multi-factorial needs in a homely environment. Less than 1% of patient seen by the team are referred to secondary care.

The initiative was implemented as part of the Primary Care Improvement Plan and significantly reduces GP input in the ANP allocated Care Homes. They provide equitable, responsive, person centred care for frail people with complex multi-factorial needs in a homely environment. Less than 1% of patient seen by the team are referred to secondary care.

Prison Healthcare

NHS Forth Valley is responsible for the healthcare provision within and HMP YOI Polmont, HMP Glenochil & HMP Stirling. Per head of population there are a significantly higher number of prisons within Forth Valley than in other Health Board areas.

The local prisons are all national establishments.

There are currently **3 ANPs** and 1 Trainee ANP employed within our prison services.

Heart Failure Services

Heart failure is common, costly, and impacts greatly on quality of life. Heart failure ANP's (HF ANP) can work across primary, secondary care teams, improving communication and resulting in a more integrated and seamless care pathway for patients.

HF ANP can help improve access for patients to these interventions and achieve initiation and titration of evidence based heart failure medications which reduce mortality, morbidity and readmission.

The FV HF ANP can help patients understand and manage their condition, providing them and their careers with education and advice about heart failure, it treatment and early identification and management of deterioration. HF ANP's can improve health-related quality of life in both patients and carers. It is known that patients with heart failure have high levels of anxiety and depression, which are related to increased morbidity and poor prognosis. HF ANP can assess the mental health of patients and refer on appropriately.

HF ANP reduce all cause admissions by an average of 35%. Inappropriate unplanned admissions are avoided through close monitoring. A saving of approximately £1,826 per patient seen is gained after the costs of the HFANP have been deducted. Our HF palliative ANP can co-ordinate a sha red care approach to end of life care.

Learning Disabilities

Workforce development

Steering the way to better Mental Health in Learning Disabilities
(More information is available: www.thedecider.org.uk)

The Learning Disability Nursing service have recently developed a DECIDER steering group; representatives from the group are currently examining the DECIDER skill set, ensuring the skills are tailored and accessible to the LD population in methods that reinforce the understanding and application of each skill. These skills enable individuals to make effective changes in how they manage distress, regulate emotions, increase mindfulness, communicate more effectively and live a more skilful and less impulsive life. These resources will later be freely available to all those who are trained in DECIDER, ready to put them into practice. The group are aiming to launch the resource in the summer of 2024.

Royal College of Psychiatrists (RCP) accreditation for Loch View: and Year feedback and score

Loch View, assessment and treatment unit have now started their third year of the RCP Accreditation cycle, following achieving 96.4% in year two. Loch View received excellent feedback through the year two process regarding the development work at Loch View in addition to positive feedback from family/carers and people we supported regarding their positive experience of using the service and the embedded person-centred care experience. A therapeutic garden project has been completed; service users have grown their own vegetables and improved their physical health with the use of outside gym equipment that is being made accessible for people with LD.

Learning Disability Training Matrix The Learning Disability Nursing Service have developed a training matrix to support the ongoing development and continued learning for staff members across inpatient and community nursing services in Forth Valley. This has been designed to link to our Learning Disability Induction preceptorship passport to enhance the induction and ongoing training we have available to support skill and career development in line with the pillars of practice within the LD Nursing Framework.

Positive Behavioural Support To ensure a robust pathway for individuals living in Forth Valley to access Positive Behavioural Support, (PBS) the Learning Disability Service developed a pathway to ensure timely and equitable access for patients that exhibit behaviours that challenge, a multi-agency approach in line will ensure we are' Getting it right for everyone' (GIRFE, 2023). The pathway enables post graduate PBS trained nurses to utilise their skill base within an evidence-based framework.

For the first-time senior charge nurses have worked together to develop an in-person staff induction for all staff that have joined the LD nursing service, speakers included S&LT, ASP Lead, fire safety, social work to name but a few. Feedback from the staff that attend was extremely complimentary.

Following along with the strategic enhancement plan, the Learning disability service have held three NMAHP sessions led by Queen's nurses and AHP Lead focusing on teaming and team work. We hope to develop this work further over 2024.

Future Planning: What we are going to do next

Pentana LD Services have developed Pentana system to show shared goals and action plans which link to key national drivers. This evidences progress in key priority areas across Falkirk, Stirling and Clacks HSCP.	**Skill Building** Positive Behaviour Support, as we evidence its implementation and use within Forth valley.	**E-Health systems** LD services are now working with TRAK Care and Sky Gateway to evidence care and provide auditable data to support service development.	**TURAS LD learning resource** There was a recognised gap on what a Learning Disability is and how to support people. In liaising with NES Forth Valley have been able to develop a LD e-learning resource on TURAS which we hope will be easily accessible to a number of services.	**Developing Intranet/Internet Page** We are looking to develop our intranet and internet page to support other services with useful information on how to access the LD service, and pathways available. We hope to provide this in an accessible format to ensure People With Learning Disabilities and their carers have access to information regarding the LD service and what we can offer.

Following along with FV NMAHP strategic enhancement plan, the Learning disability service have held three NMAHP sessions led by our LD Queens's nurses and AHP Lead focusing on teaming and team work. We will continue to develop this work over 2024-25.

Mental Health Services

Psychological safety	Recruitment & Staffing
This concept is not new to us as a service and is well embedded, recent actions we have taken to improve this is: • Develop in patient development days for newly qualified staff that will start in May 24, one of the presentations will be around psychological safety as an individual and team. • A suite of resources around wellbeing and managing your wellbeing has been created and shared with staff in all areas, specifically focused when stress is raised by staff or staff are off sick due to stress or worry. • SCN reflective practice sessions have commenced for all staff managing teams- great feedback has been received. • Ongoing reflective practice within prison healthcare settings. • Many teams have regular wellbeing activities / joy at work embedded in their team. • Adverse event reviews are ongoing, these are supportive to staff and look at any learning that is needed. • Debriefs ongoing for teams - these are found to be supportive and helpful. • Ward 4 RCN Team of the Year Award nomination. • Trauma Informed cervical screening project training and event.	• Last year 92% of mental health nurse graduates were recruited from the University of Stirling, demonstrating a desire from our local students to work within NHS Forth Valley. • This year we have had a positive response to our generic recruitment drive, with the highest number of applicants to date. 78 have been shortlisted for interview; with 27% more applicants from the University of Stirling and 53% increase from other universities across the UK. • 13 registered nurses have also applied; with 2 internal applicants looking to move clinical areas, for development and 11 applying from other health boards, across the UK. The Interviews are due to take place in May 2024 and we anticipate filling most, if not all of our vacant posts. • We have recently restructured the Mental Health in-patient workforce, with additional band 6 posts. This will provide a better career structure and provide better support and supervision to our band 3 and 5's. • The on-call provision has been reviewed and restructured to include learning disabilities; consolidating 24 hour access to a senior nurse across all in-patient services, providing essential support, out of hours. • A high number of staff wished to convert from core shifts to long days within the mental health in-patient wards. Following a lengthy engagement process, we have recently commenced a test of change, offering staff who wish to work 12.5-hour shifts, this option. The evaluation is ongoing, however it has been well received by staff and staff side, to date. • HCSW/ SW 8 pillars work around dementia. • Expansion of MH ANP role to expand into the in-patient wards. • Ward 4 RCN Team of the year nomination. • Trauma Informed cervical screening project training and event.
Visible and supportive leadership	
There are many example of this within MH and LD, where different groups of staff meet to cross boundaries and integrate, they are supportive, professional and relational and many difficulties get resolved because of these groups, e.g MH Workforce meeting, MH & LD Clinical Governance, Collaborative forum as well as daily huddles, Joint adverse event and integrated NHS meeting ongoing, Dementia consortium, Dementia Pathway and Trauma Informed steering group.	

Practice Development Unit (PDU)

Leading Excellence in Care (LEiC)

Some elements of the Excellence in Care programme were temporarily paused during the Covid 19 pandemic however are now progressively being re-launched within NHS Forth Valley. Excellence in Care is a national approach to ensuring our patients and service users are provided with a consistent high standard of care no matter where treatment is received in Scotland.

A new national Leading Excellence in Care Education and Development Framework has been launched on Turas Learn and all new NMAHP leaders joining NHS Forth Valley from 1st April 2024 will be expected to engage with the LEiC Programme designed to support our established and aspiring leaders through their leadership journey. The programme is built around four essential requirements identified by the families who contributed to the Vale of Leven inquiry –

- Person-centredness
- Compassion
- Fundamentals of care and,
- Communication

Turas Learn provides the key principles and suggestions on how to use the resource. It explains who the programme is for and links these to the Knowledge and Skills Framework and NMAHP 4 Pillars of Practice.

The resource provides self-assessment and action plan tools for leaders to use in their areas. The resource also sets out the 10 capabilities and associated knowledge on how to achieve the capabilities and the key elements of LEiC.

Not unlike the Flying Start programme, our Practice Education and Development Team (PE&DU) are creating a programme for NMAHP leaders to compliment LEiC on Turas Learn within NHS Forth Valley.

The aim is to create 4 face to face workshops focused on the 4 pillars of LEiC which will run throughout the year. Staff are not expected to complete all 4 sessions within the year but use a “hop on hop off” approach to attending and can attend future sessions as updates.

Staff from NHS Forth Valley attended the National Launch of Leading Excellence in Care at the Golden Jubilee Hotel and Conference centre.

Care Assurance Visits

A national short life working group with representatives from all boards in Scotland and Health Improvement Scotland (HIS) has been working on Quality of Care reviews and Care Assurance Visits. The group has met regularly and have developed guidance for Quality of Care reviews with a new template for Care Assurance Visits. Testing has begun using the new Care Assurance Visit template within NHS Forth Valley as one of the two test sites. Feedback on the process is ongoing and PDU continue to engage with the clinical teams around how this process feels at local levels.

Practice Development Team

Our Practice Development team have re-launched Clinical Skills Training for Registered Nurses which includes:

- Venepuncture / Cannulation
- ECG recording
- Catheterisation and,
- Central Venous Access Device care and maintenance

Healthcare Support Worker skills days will be launched in May 2024 and will focus on supporting and empowering our front-line clinical teams to continue to provide the highest standard of safe and effective person centred care.

Deteriorating Patient Days have been developed in collaboration with our Advanced Practice Colleagues with Registered Nursing 'Acute Illness Management' sessions due to launch in July 2024, focussing on staff working in priority areas in the first instance and then progressively rolling out across the breadth of NHS Forth Valley.

Our Practice Development and Education teams have been working closely with our colleagues in Recruitment and our partners in the University of Stirling to support in the recruitment and induction processes of our Graduate Nursing colleagues over the past 12 months, and are looking forward to our NMAHP Welcome Days in September and October 2024. We have listened to feedback from previous years intakes of Graduate staff and developed a comprehensive year long programme of support and induction which aims to ensure a well-equipped, sustainable, and psychologically safe workforce for the future.

PDU have been working closely with our International Recruitment (IR) team and our local clinical areas to support our valued IR NMAHP staff joining us in NHS Forth Valley from Asia, Africa, Europe and North America. In the 2023/24 financial year, the NHS Forth Valley IR team inducted: **31 Adult Nursing Staff and 1 Mental Health Nurse, 2 Physiotherapists and, 2 Midwives** into our organisation, bringing a wealth of experience and expertise. This could not have been done without the support and warm welcome extended by our local clinical staff and the skills of our Educators and Team Leads. NHS Forth Valley have sustained a 100% OSCE pass rate throughout this time having successfully transitioned from the outsourced OSCE prep model to an in-house, Nurse Educator based approach, saving £41,000 for the 2023/24 financial year and facilitating a much-improved experience. NHS Forth Valley has met the Scottish Government targets for the IR initiative for the 3rd consecutive year and have been awarded the NHS Pastoral Care Quality Award to reflect the incredible work led by our International Recruitment Lead and the wider collaborative NMAHP team.

NHS Scotland Pastoral Care Quality Award for our work with our Internationally Recruited NMAHPs

Cohort 7 of IR staff

Senior Nursing colleagues on Recruitment drive at UoS 2024

Clinical Skills Lab prepared for Clinical Skills Launch

2023 NMAHP Welcome Day

Internationally Recruited Registered Nursing staff in Dietetics-led Education session

Post – OSCE CPD sessions for IR Nursing staff using simulation

Practice Education

Practice education facilitators (PEFs) are a national network of nursing and midwifery registrants that support learning in practice by working with staff within the practice learning environments. NHS Forth Valley Practice Education team of 4 Practice education Facilitators, a Care Home Education Facilitator and a practice educator work in partnerships involving NHS Education Scotland (NES), Further and Higher Education Institutions to supporting education, development and inclusive learning environments for the current and future workforce.

There are currently 164 learning environments across NHS Forth Valley. In 2023, 2055 practice learning experiences for undergraduate Nursing and Midwifery students from our partner universities (University of Stirling, Edinburgh Napier University, Glasgow Caledonian University, University of Dundee). These learning environments allow undergraduate students to work with a range of teams across Forth Valley and the work to increase the range of opportunities for student to experience continues with teams such as the Scottish Centre for Simulation and the Clinical Research Team our newest student practice learning environments.

With the 164 Practice learning environments, there are 1505 Practice Assessors supporting pre and post registration nursing and midwifery students. Around 200 new Practice Assessors have been added to this number following completion of education and attendance at NHS Forth Valley Practice Assessor Preparation Day facilitated by the Practice Education team.

Student satisfaction of their practice learning experience within NHS FV remains high, with over 90% of students reporting they were satisfied with their overall experience. This feedback is collected via the Quality Management of the Practice Learning Environment (QMPLE) system, where students complete the Scottish Practice Learning Evaluation Form. NHS Forth Valley current has the highest rate of feedback in Scotland and this is a mix of quantitative and qualitative feedback, which provides a focus for local innovative improvement work undertaken in partnership with our partner universities.

A recent innovation that has been undertaken by our Care Home Facilitator in Conjunction with University of Stirling -'Enhancing Student Nurse Experience in Clinical Placement: Breaking the Stereotypes of Care Homes through Innovation and Collaboration'. The team have taken a novel approach by creating a multidisciplinary induction, exploring the rich learning environments in Forth Valley's care homes for University of Stirling students embarking on a care home practice learning experience. The practice education team work closely with all our university and collage partners, including delivering joint preparation for practice sessions before all students embark on practice learning experiences.

In partnership with Forth Valley College, 22 HCSW have been supported to achieve HNC in Care and Administrative practice, with 15 further HCSW currently on the programme. Completion of this course created the opportunity for direct entry to 2nd year in several universities undergraduate nursing programmes.

2023 is the third year of NHS Forth Valley's partnership with the Open University. This provides us with the opportunity to support the undertaking of a 4-year BSc Nursing Programme, whist remaining employed by NHS Forth Valley. We currently have 8 students on their OU journey, with our 1st graduates expected in 2025. One of our Open University Students has been nominated for the RCN student of the year award.

With our Practice Educators the team deliver the NES Facilitation of Learning programme, developing the knowledge and skills of participants in relation to the design and delivery of education and training and is relevant for both clinical and non-clinical roles. The 4-session programme introduces learning theories and education principles that can be used, when supporting adult learning and development. It supports an evidence based approach to a variety of education roles, including preceptorship, practice and professional supervision and patient education. Two cohorts of participants run each calendar year.

Care Home Support Team

The overall objective for the Care Home Support Teams (CHST), in line with the My Health – My Care – My Home: Healthcare framework for adults living in care homes, is to work collaboratively with care home staff to improve the health and wellbeing of people living in care homes. NHS Forth Valley's role within our Care Homes has developed over the past 12 months from one of providing Assurance of high levels of care, to a more collaborative, supportive, practice development and education-based approach.

Over the last year the wider collaborative CHST have continued to successfully deliver training programs locally based around fundamental elements of nursing care, engaging with 348 of our care home colleagues with Malnutrition and Dysphagia education, supporting Care Inspector grades in 92% of our homes of 4, 5 or 6 for key questions relating to diet and nutrition.

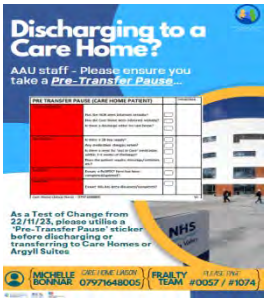
Further education and training around ReSPECT documentation has been carried out with support from our colleagues in palliative care and our Advanced Practice team. Work is ongoing around avoidable admissions to hospital and the ReSPECT document allows residents and their relatives along with the care home staff to have a discussion around treatment and admissions.

Over the past 12 months, we welcomed 204 Care Home colleagues across 3 days to our NMAHP-led Care Home Education Days within FVRH. We listened to feedback around the ongoing training needs in November 2023 and have a programme of a further 7 Care Home Education days prepared for 2024/25.

A pilot 'Care Home Liaison Nurse' role is being trialled within the core CHST, based within the acute inpatient areas in FVRH with the aim of supporting our clinical teams around safe and person-centred discharges for our Care Home residents. This role is being continually reviewed to assess impact. Our Care Home Liaison Nurse is working alongside our colleagues in QI to develop tools and resources to empower our ward staff, including the 'Pre-Transfer Pause' sticker and Care Home Directory.

PRE TRANSFER PAUSE (CARE HOME PATIENT)			Initial/date
Communication	Has the NOK been informed verbally? Has the Care Home been informed verbally? Is there a discharge letter for care home?	☐ ☐ ☐	
Medication	Is there a 28 day supply? Any medication changes noted? Is there a need for 'Just In Case' medication within 1-2 weeks of discharge? Does the patient require dressings/catheters etc?	☐ ☐ ☐ ☐	
ReSPECT	Ensure a ReSPECT form has been completed/updated?	☐	
DNACPR	Ensure this has been discussed/completed?	☐	

NHS Forth Valley
Care Home Support Team



Midwifery

Women & Children

Valuing and Developing our People: Recruitment and Training

In November 2023 the Women and Children's Directorate welcomed two Midwives following successful interviews with the international recruitment programme.

The Midwives, from Finland and America have a wide range of Midwifery experience and are being supported by team members to adapt to their new lives in Scotland.

The international recruitment programme is being carried out ethically in line with the Scottish Code of Practice for the International Recruitment of Health and Social Care Personnel. This ensures NHS Scotland does not recruit from countries with their own qualified healthcare staffing shortages. NHS Forth Valley's recruitment team and midwifery department worked together to develop a comprehensive induction and training plan for the new midwives and are also providing ongoing support to help them adapt to their new lives in Scotland.

In addition, the Directorate continues to support the current staff members from the 2023 shortened conversion Midwifery Course intake with an aim for successful completion in January 2025. To support the sustainment of the workforce, the Directorate has recruited a further two registered nurses to this midwifery course.

PEF support / Students

The Women and Children's Directorate Practice Education Facilitator (PEF) has hosted various development and support sessions for midwives and midwifery students to attend. This includes 'Think about Tuesday's' where students have a safe space for reflection, group discussions, article reviews and group supervision to promote health and wellbeing. In addition to this, there is 'Workshop Wednesday's' to facilitate subjects including eMPAD training and flying start support sessions.

The PEF and Senior Midwives provide future midwives the opportunity to develop interview skills, ask questions and gain top tips. Feedback received was extremely positive, with several student midwives successfully gaining a substantive post within NHS Forth Valley.

Within Paediatric and Neonatal services there is a continued focus on advancing nursing practice to drive excellence in care for children and families. NHS Forth Valley currently has two full-time Advanced Paediatric Nurse Practitioners (APNP) who continue to forge robust links with Forth Valley Royal Hospital Emergency Department while networking with Primary Care/Urgent Care colleagues to encourage collaborative working across the organisation.

The APNP role is aligned to the Tier 2 medical rota and supports the newly appointed APNP to consolidate her knowledge and skills to work within the Tier 1 medical rota.

This advanced practitioner role is mirrored within the Neonatal Unit, with 2 full time Advanced Neonatal Nurse Practitioner's (ANNP), supporting the tier 2 medical rota and providing education and nursing and midwifery development within the Directorate.

Improve our focus on safety, quality, and sustainability.

The Directorate continues to invest in our staff and have supported midwives and the student midwives with training that empowers them to confidently provide support and alternative therapies to women and birthing people.

Achievements to date:

Biomechanics study day 'Optimal Birth: Changing the Conversation' was held in FVRH on 10th July 2023 with a further planned study day for May 2024.

An aromatherapy service has been implemented within the Directorate which facilitates alternative options for analgesia and augmentation of labour. This promotes a more person-centred approach in relation to reducing medical interventions. Initial findings show a reduction in women and birthing people requiring transfer to theatre for retained placenta, promoting quicker recovery and bonding as a family.

There has been investment for staff to undertake Baby Lifeline fetal monitoring training which provides evidence-based training on Cardiotocography (CTG) interpretation to improve mortality and morbidity outcomes for babies.

The Directorate have worked closely with colleagues at National Education Scotland (NES) as one of two pathfinder boards in Scotland to implement the National trauma programme. This focuses on the 3 stages of implementation – workforce wellbeing, workforce development and screening and trauma informed plans of care.

We have supported 4 cohorts of staff across the Directorate through the 7-week training and recently trained 6 staff members across Midwifery and the Maternity and Neonatal Psychological Intervention (MNPI) service to become trainers which will provide continuous training within the Directorate for all staff groups.

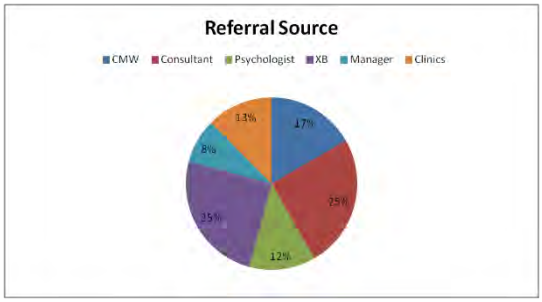
Support has been provided by NES to hold Trauma informed 'lens' events, collaboratively working with the MNPI service to provide patient feedback with lived experience to the national team. The outcome of this work will build on future investment of the Birth Conversation Clinic which will **protect and improve the health and wellbeing of the people of Forth Valley whilst reducing health inequalities.**

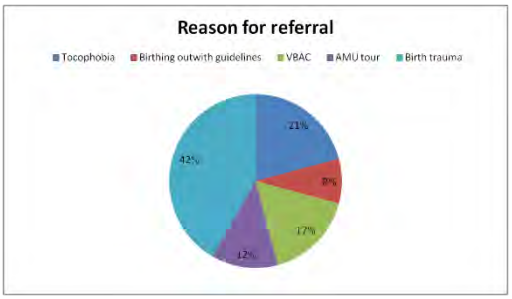
National Trauma Transformation Programme
Responding to Psychological Trauma in Scotland

Birth Conversation Clinic:

The birth conversation clinic provides women, birthing people and their families of NHS Forth Valley a listening/debrief service who have lived experience of trauma related to pregnancy and birth. This clinic is midwifery led and is key to supporting women and birthing people who

do not require a direct referral to Consultant Clinics, Psychological Services or Perinatal Mental Health Services.



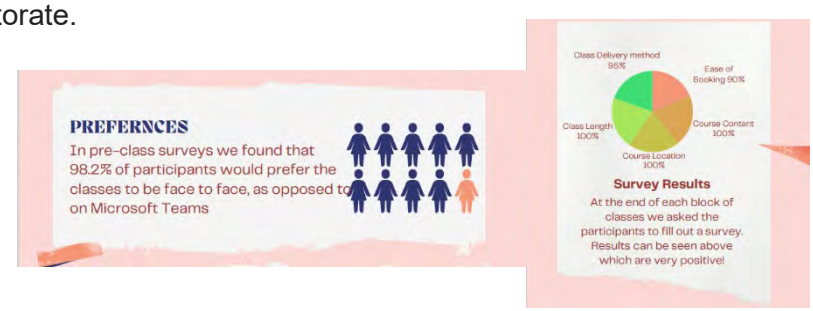


The service is currently receiving referral from several disciplines. It has been identified that the main reason for referral is birth trauma, followed by tocophobia (a fear of pregnancy and childbirth). Feedback from the service users will be collated to allow further development and improvements to this service to ensure it is meeting the needs of women, birthing people and their families.

Antenatal education:

During the Covid pandemic, altered ways of working and delivering antenatal education classes were held virtually through Microsoft teams. During the recovery phase there was a consistent lack of engagement with this approach. A period of service user consultation was undertaken to determine a preferred approach to antenatal education. Following this consultation period, maternity services supported face to face classes to ensure the content delivered was based on service user feedback.

Through QI methodology, one community midwifery team has reported an increase of 54% in attendance to antenatal education classes. This QI work will be rolled out in a phased approach to all other midwifery teams and will be audited as part of the ongoing QI work within the Directorate.



PreP Team (Pre-term Preparation)

As part of a wider national initiative involving the Scottish Patient Safety Perinatal Programme, a new Perinatal Preterm Optimisation Team has been developed within the neonatal unit.

Various aspects of preterm optimal care will be reviewed. Collaborative working will be established between obstetric and midwifery colleagues. Next steps will involve the Perinatal Preterm Optimisation Team promoting training and education within the existing local study sessions. This is to ensure the achieved aim to improve outcomes for preterm babies and families across NHS Forth Valley.

National Women's Health Plan: A focus on women's and young girls' health. Within NHS Forth Valley the Directorate and wider stakeholders have been working toward improving services, see below:

Contraception and Abortion Services
Contraception services are provided across all areas of the Women, Children's and Sexual Health directorate, with a new practice development nurse in sexual health supporting this. Patient Group Directives have been updated to facilitate long-acting reversible contraception being delivered in the community, a short life working group focusing on postnatal contraception has resulted in dedicated training for midwives and additional clinics have been implemented to support this.

Menopause Services
Menopause referral pathways continue to be reviewed, waiting list times have improved and Menopause Policy training has commenced across the organisation. Digital therapy is being considered for menopausal women suffering from anxiety and depression and there is a learning module on perimenopausal/menopausal mental health.

Menstrual Services
Endometriosis and heavy menstrual bleeding in adolescents have new leaflets and there is wider work being undertaken on heavy menstrual bleeding in adolescents and heavy menstrual bleeding or period control and contraception in young people with significant learning needs. Further links are being developed with the school health teams.

Cardiac Disease
There are monthly Specialist Cardiac clinics for Spontaneous Cardiac Artery Dissection held locally, with the Cardio-Obstetric team working collaboratively with menopausal women. The obstetric cardiology network website is now live.

General Health

The new annual health assessment for women with a learning disability includes cervical screening history. The Pelvic Pain Physiotherapist is undertaking cervical screening training. Additionally, there is collaborative working between mental health and psychological therapy teams to ensure that mental health is incorporated in all areas within the Women's Health Plan.

Gynaecology Nurses Prime Education Sessions

Gynaecology nursing and support staff have been provided with monthly education sessions relevant to their role and to gain additional skills in areas of interest. The sessions were planned following staff engagement questionnaires. The feedback provided by staff to date has been positive with a programme of educational sessions secured throughout 2024.

Better Workforce : Celebrating Success

The Women and Children's annual awards night was held in November 2023. The awards included Healthcare Support Worker of the Year, Inspirational Midwife of the Year and Acute Unit Staff Nurse of the Year. The event was successful and showcased the inspirational and fantastic work staff contribute every year to the service. The awards were presented by Gillian Morton, Director of Midwifery and Professor Frances Dodd, Executive Nurse Director who commended staff for their hard work and were given the opportunity to view the many posters and projects being displayed on the night.

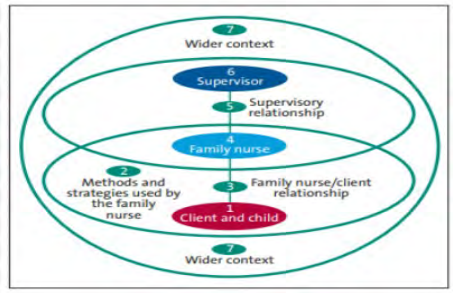
Refresher Week

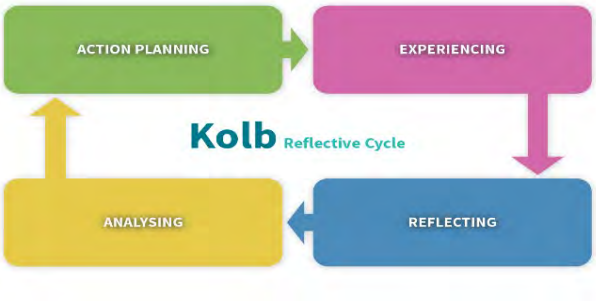
Refresher week was held in November 2023 within the Women and Children's and Sexual Health Directorate in celebration of all staff. The focus is on promotion of health and wellbeing, resilience via clinical supervision and psychological safety. Opportunities included a fabulous bake-off for Health Care Support Workers Celebration Day, hand massages, a Royal College of Midwifery Trolley Dash, hot chocolate day and an opportunity for Christmas wreath making. Artlink central also held Christmas decoration workshops and all Health Care Support Workers received a goodie bag. We are looking for suggestions for next year and have already been asked to hold a TheraPet session!

In conjunction with the national bereavement pathways the Directorate is working to support bereaved families and support staff.

Family Nurse Partnership

Evaluating Impact





People - Through engagement with a variety of forums, such as Compassionate Leadership and Culture programme, we are aiming to develop a clear baseline knowledge of current culture and understanding of psychological safety with identified actions to further enhance NHSFV as an NMAHP employer of choice.

Family Nurse Partnership

The Family Nurse Partnership (FNP) programme is licensed, evidence based, socio-educative programme that is offered to all young first-time parents in Scotland. The FNP licence is held by the Scottish Government and licence conditions are measured against the achievements of the Core Model Elements and Minimum Scottish Standards for the programme, one of these Core model elements is in relation to staff supervision with the recognition of the value this has to staff and impact it has on care they deliver;

• Weekly supervision based on Hawkins and Shohet 7 eyed model which addresses the emotional impact of work and focuses on nurse's wellbeing and learning needs.
• Supervision is nurse led and works on building on staff resilience and parallel processing. Motivational Interviewing skills are also incorporated.
• As part of the FNP licence, each client must be brought at least once in each phase of the programme to Supervision.
• For more complex clients the KOLB cycle is used to ensure we avoid unmanaged timeframes in care known as drift, keep focus on the child, maintain a degree of objectivity and challenge fixed views, and test and assess the evidence base for assessment and decisions.
• KOLB cycle is always completed during tripartite child protection supervision which occurs every 3 months with a child protection nurse advisor and supervisor.
• Weekly team meetings include at least two action learning sets where Nurses present clients with complex issues.
• Monthly team meetings with psychologist offering peer and professional support on clinical issues impacting caseloads.

In line with the promise which supports all care experienced children up to the age of 26 years old from November 2023, the Family Nurse Partnership services have increased their eligibility criteria. This means that all first-time parents who are Care Experienced will be offered the opportunity to receive the Family Nurse Partnership programme.

This will be successful through the ongoing collaborative work of the Family Nurse Partnership with Midwifery, Education, Social Service colleagues, and Through-Care and After-Care teams.

Allied Health Professions

Allied Health Professions* (AHP) provide vital and valuable services to the people of Forth Valley in partnership with colleagues across Acute, Health and Social Care Partnerships, Education and the 3rd sector. AHPs deliver effective and evidence-based services underpinned by a commitment to improvement methodology, delivering on the corporate

objectives of Forth Valley Health Board, the Forth Valley Quality Strategy, the NHS Forth Valley NMAHP Strategy and the Strategic Plans for Falkirk and Clackmannanshire and Stirling HSCPs. There has been significant change in AHP service delivery reflecting our commitment to improvement and quality of care.

Our focus has been shaped by the core ambitions of ASPIRE2:

- Early intervention and prevention
- Engagement and involvement with individuals and communities
- Leadership, Research and Innovation
- Access to expertise at the point of need

ASPIRE2
Aspire 2 sets out 6 shared core ambitions for all AHPs across professions, care groups and all parts of our organisation in Forth Valley until 2025, and the aims in the NMAHP Strategic Enhancement Plan will be incorporated into delivery to Aspire 2.
The focus for people who access AHP services is on promoting their well-being and enabling them to self-manage their challenges.

People require responsive services that are appropriate to their needs and which they, their parents, carers and families can access in a timeous manner to request assistance and support. This requires services to adopt outcomes-focused approaches and move from deficit impairment assessed approaches ("what's the matter?") to a focus on what matters most and what outcomes an individual wants to achieve.

The ambitions detailed in Aspire 2 align with the strategic direction of NHS Forth Valley and the HSCPs and aim to deliver the right care in the right place. The ambitions also position AHPs in Forth Valley to deliver to the full range of new and emergent policy imperatives which includes but is not limited to the Health and Social Care Safe Staffing Scotland) Act (2019), Getting it Right for Everyone (Scottish Government 2023), The AHP Education and Workforce Review (2023) and the Rehabilitation Framework (Scottish Government 2022). In addition, working towards the ambitions of Aspire 2 will support Delivery to the Forth Valley NMAHP Strategy (2023).

All Professions and services will progress towards this framework of delivery over the next 3 years underpinned by a commitment to quality improvement, data collection analysis and reporting and care assurance through robust governance procedures, evidencing the impact of the ambitions of this plan for people of Forth Valley. The AHP leadership and workforce across NHS Forth Valley and HSCPS (Primary Care is now part of the HSCPs) are positive about the opportunities outlined in Aspire 2 to deliver new and innovative service provision that meets the needs of the people of Forth Valley. We are committed to:

- Quality Improvement and evidencing the impact of change through robust data collection and analysis across our services to review our development and delivery.
- We are committed to the wellbeing of our workforce as a priority in meeting the needs of patients, carers and families and plan to support our workforce through a commitment to safe caseloads and workstreams to reduce waiting times.
- We will work to ensure compassionate and resilient leadership and a culture for AHPs in Forth Valley underpinned by a commitment to values based recruitment and supportive networks for growth and development.

We are aware of the impacts of financial restraints on service development and plan through robust consideration of our communities' demographics and needs to provide a workforce model and service delivery plan to prevent and reduce harm, build on community assets and provide early intervention as a starting point for accessing support at the point of need. We

will work to remove barriers to access for support at the point of need and the development of robust offers for early intervention and prevention underpinned by the Public Health indicators with a focus on inequalities and population wellbeing.

As part of the Leadership and Culture programme in Forth Valley, a review of the NMAHP Professional Leadership structures will be progressed. The creation of a strong Professional Leadership Structure across NMAHPs in Forth Valley offers an opportunity to consider the current professional leadership structure and its fitness for purpose to ensure parity of approach and infrastructure across all NMAHP services. Robust Professional Leadership across NMAHPS will ensure safe, effective and evidence-based health and care practice and provide robust governance and care assurance across services and client groups, delivering to the core strategic imperatives for NHS Forth Valley, Falkirk and Clackmannanshire & Stirling HSCPs.

NMAHP Strategy
AHP Services across NHS Forth Valley are committed to delivering to the 5 year NMAHP strategic aims and ambitions, and the aims of the strategy will be incorporated into the workstreams delivering to Aspire 2.

In the first year of the strategy our focus has been on creating psychologically safe working environments and culture. This work will progress over the coming years of the strategy.

Governance and Care Assurance
AHP Services in NHS Forth Valley have over the past year developed robust professional governance and care assurance process and reporting, to understand and analyse the totality of our workforce including skill mix to ensure identification of risks, put in place mitigations and raise issues of concern in order to ensure the best possible workforce for the care of patients. We are now in a position to report on governance and care insurance and report monthly to Infection Control Committee, Workforce Governance and into the Governance groups in Acute, Primary Care and the HSCPs. There is much still to progress and refine to ensure that our governance and care assurance is as robust and informative as required to fulfil our duty of care to patients.

In preparation for implementation of the Implementation of Health and Care Staffing (Scotland) Act 2019, Lesley Middlemiss was commissioned to work across services developing a real time staffing tool for recording and RAG rating services . AHPs across NHS Forth Valley are now collecting this workforce data on a daily basis and are reporting much more specific risks in relation to staffing. This work will progress over the coming year with the anticipated move to e-rostering in 2024.

In addition, AHP Managers are collating workforce data, reporting on vacancies and risks and detailing mitigations at the monthly NMAHP workforce governance meetings. Service specification development is progressing and job planning in place.

2023-2024

Allied Health Professions in NHS Forth Valley have over the past year focused on several key whole system improvements. Initiatives and workstreams for safe effective and evidence-based care delivery. These include:

Professional Leadership Review
One of our key strengths in Allied Health Professions in NHS Forth Valley is a strong collaborative Senior Leadership Team committed to the wellbeing of our staff and ensuring whole system collaborative service delivery.

As part of the Leadership and Culture programme in Forth Valley, a review of the NMAHP Professional Leadership structures will be progressed. The creation of a strong Professional Leadership Structure across NMAHPs in Forth Valley offers an opportunity to consider the current professional leadership structure and its fitness for purpose to ensure parity of approach and infrastructure across all NMAHP services. Robust Professional Leadership across NMAHPS will ensure safe, effective and evidence-based health and care practice and provide robust governance and care assurance across services and client groups, delivering to the core strategic imperatives for NHS Forth Valley, Falkirk and Clackmannanshire & Stirling Health and Social Care Partnerships.

The creation of a strong Professional Leadership Structure across NMAHPs in Forth Valley details the whole system review of professional leadership structures within Nursing, Midwifery and AHP services where NMAHP Professional leaders inspire, direct and promote systemic improvements in clinical care, clinical governance, organisational learning and healthcare quality. Professional leaders ensure that the leadership is consistent across Acute and HSCPs, there is an enhanced ability to manage patient care and flow across a wider system approach, with opportunities for staff to experience whole system working, development of substantial quadrumvirate structures supporting strong clinical and professional governance, with a focus on the clinical and professional leadership needs across our services.

Recruitment and Attraction
There is a need to ensure all aspects of recruitment and attraction, succession planning and career pathway development are considered in this work going forward, where the AHP leaders have had a significant emphasis on the recognition and development of Forth Valley leadership talent, strengthening of professional accountability, development of systems of assurance through professional leadership and governance structures, development of systems of support for NMAHP professionals to strengthen the opportunities within Forth Valley, as well as making Forth Valley a more attractive place to work for NMAHP professionals. AHP leaders have been testing a system of values-based recruitment approaches which are currently being evaluated.

Whole system Learning Opportunities
AHP Services across NHS Forth Valley are committed to Quality Improvement learning and practice across all Professions, teams and Care Groups. We are working closely with colleagues in both national and local HEIs in the Forth Valley Colleges and University of Stirling to consider new pathways into AHP practice and provide opportunities for Clinical Academic Roles for our workforce to partner in research.

In 2023, all Bands 8B, 8A and 7 staff have undertaken the Effective Decision Making at the point of referral training. This will enable us to have a critical mass of understanding about Duty of Care and support decision making at triage. Our commitment to the Thistle Foundation Good Conversations training continues with many teams attending this learning to support impact-based discussions with patients regarding their personal outcomes. Supported by FV Organisational Development Team, all of our Senior Leaders undertook Clarity 4D self-assessment to better understand our preferences as leaders and discuss the impact of this on our skill set and development as leaders.

Particular care group examples of workforce development include:
Mental Health Learning Disabilities and Older Adults Peer Group support for Support Workers - Group developed with The State Hospital and Bellsdyke to share job roles, training development, peer support, shared learning and ReAcH and Acute AHP SIM Sessions to develop joint working with a focus on prevention of admission at the front door and discharge processes.

Practice Education Lead Programme of work
Aligning the AHP Practice Education Leads with the Practice Development Unit happened in 2023-24 and is a significant milestone and represents a fantastic opportunity to bring AHP expertise into the development of a Learning and Development Strategy for NMAHPs.
Our Practice Education Leads have provided tremendous support and opportunities for AHP development, increasing our student placement offer and working closely with NES and HEIs to provide excellent practice placement opportunities across the AHP services in NHS Forth Valley. The forthcoming Annual Report for NHS Education for Scotland provides detail of the scope and breadth of their work. This SWAY illustrates the depth and breadth of their work in Forth Valley https://sway.cloud.microsoft/mNSWdXdePZE1721W?ref=Link

There has been significant progress in increasing placement availability for students across the AHP professions. Our PELs continue to challenge regarding student placements and promote culture change in a move towards innovative and different PrBL opportunities , Our PELs are truly transforming the PrBL landscape in AHP services across Forth Valley with a commitment to ensuring creative opportunities .

We have had very positive feedback across professions from students recently placed with us including fantastic feedback from a placement with our mental health team:
'' Older adult and adult mental health physiotherapy has been an incredible placement and has widened my view of what it is to be a physiotherapist. I did not have high expectations of what I would get to experience before coming on placement as I thought it was going to be a department where patients were uncooperative and unwilling to rehabilitate their injury. However, the experience was the complete opposite with each patient having their own unique challenges that makes you think on your feet and adapt to be able to give the best care they require. The patients and physiotherapists were developing quality and respectful relationships together as both working to the same goals of getting better, getting home and staying well enough to stay home. The opportunities to work out with the hospital and in the communities where you can help patients comfortably in their own environment was an incredible experience that was clearly appreciated by all patients I witnessed. I highly recommend if anyone gets the opportunity to experience older adult & adult mental health physio to grab it. '' Student Physiotherapist formal feedback re placement May 2024

University of Stirling
AHP Physiotherapy and Podiatry services have met with University of Stirling Programme Leads for the new AHP Programmes, this work is in development and NHS Forth Valley are looking forward to the workforce opportunities that these programmes will bring.

As the University of Stirling progresses to offering Masters degrees in Physiotherapy and Podiatry in 2025, we will work collaboratively with Programme leads to develop the programme content and develop fantastic practice placement opportunities.

Celebrating Excellence
The Annual Report 2023-34 provides an opportunity to showcase some of the excellent leadership, practice and service delivery across NHS Forth Valley. It is not possible to include examples across all of our teams. These examples demonstrate the high standards of care and commitment to excellence across AHP services . We will continue to work collaboratively across NMAHP services and importantly engage with our community to ensure we develop services that meet the needs of the people of Forth Valley.

Women and Childrens AHP Services
FV AHPs who work with women, children and families aim to maximise their potential/functioning and enable self-management particularly in terms of communication, sensory and physical difficulties.

The Children and Young People's (CYP) Speech and Language Therapy team has continued to take forward their work to interrupt the intergenerational cycle of poverty and deprivation and enable people to take responsibility for their wellbeing outcomes. In line with national drivers, they are changing the history of practice by moving away from 'specialist knows best' and putting the CYP's voice at the heart of every decision, action and outcome agreed. They are moving away from problem-based thinking and "what's the matter?" approach and instead asking "what matters to you?"

They are moving resource upstream, prioritising early intervention, prevention and self-management and promoting the least intrusive interventions, linked to better wellbeing outcomes. They are building an environment of protective, tolerant and enhancing relationships around CYP and addressing the wellbeing of parents and carers, ensuring they know the red-flags that would trigger action, what action to take and reassuring patients and families that they can ask for help if they are worried.

They have been the first service in Scotland to take a whole systems approach to improving communication skills for CYP.

Children's Physiotherapists have established a range of initiatives to maximise access to early support.

- paediatric service weekly helpline and HV training to support upstream work which is backed up by a refreshed website.
- MSK lower limb classes and links with Active Forth to ensure early exit routes and self-management.
- 'Minimovers 'and 'Ready Steady Step' classes to ensure early support for parents onward community referral
- Pelvic Health Physiotherpy have also redesigned the current resource through refresh of website and training of midwifes to ensure early support via midwives rather than self-referral
- use of TAssistantP to support Pelvic Related Pain referrals through issue of relevant equipment issue and looking to develop links with Active Forth links to enhance existing classes.
- change in delivery model of Advanced Practice Physiotherapy clinics to enable more New Patient slots to reduce overall waiting times

Children's Occupational Therapy

There has been a significant increase in Request for Assistance numbers from CYP who have been described as having sensory issues. The vast majority of these children either had or are on a waiting list for a neuro-developmental diagnosis. In the absence of any funding to support this a test of change has been implemented. Targeted small group face to face workshops for parents entitled "What drives your child?" are now offered to any appropriate request. The aim is to provide parents with enough information to help address their child's sensory needs and enable greater self-management. Individualised intervention will still be available where required.

From a **specialist perspective** – the staff have redesigned to introduce new services

- an enhanced Botox service with joint clinics with paediatrician and development of physiotherapy led service to free up consultant time
- specialist input into neonatal clinics and rheumatology clinics and linked that into the Service level Agreements to provide intensive support for named children with additional support needs

Test of Change – Advanced Physiotherapy Practitioners (APPs) in Primary Care Provision of Fit-Notes

- **Patient Experience of the Advanced Physiotherapy Practitioner (APP) Service in** Primary Care 1026 patients asked, 422 survey completed, 41% response rate.
- Key learning and next steps
- Reduced patient journey (fewer appointments required)
- Reduction in GP workload (principle aim of the APP Service)
- Ability of APPs in Primary Care to independently issue fit-notes has been beneficial to patient and the practice team
- No negative impacts reported to date.
- Recommended that APPs continue to issue fit-notes in accordance with the SOP and AHP service across NHS Forth Valley give consideration to further pilot projects in 2023

MSK Redesign
Introduction of Referral Management System RMS- May 2023. All MSK referrals now received by Sci gateway enabling triage from any site, releasing team lead and admin time.

Introduction of Morse (EPR)- Core MSK physios now using Morse for EPR. Immediate benefits have been improved information security, with a reduction in record related incidents/IR1s, time saving, (both admin and clinical) due to ease of record retrieval, and ease of access to records when patient transferred between clinicians. Benefits which will be realised with time include financial (reduced costs for offsite storage and record retrieval), and ability to provide report on evidence-based outcome measures. Occupational Health and Rheumatology MSK to commence EPR in next 6-9months, this work is ongoing.

PHIO is an app based system to support self-management and prioritise care- there is a 12 month 'Waiting List Pilot' due to commence in June 2024. Phase 1 is looking at the first 2500 Routine MSK patients on waiting list. This will entail the patient being contacted by PHIO and asked to complete a digital triage which will provide a various outcomes including self-management, urgent MSK appt, await routine appointment, 111 call for support and advice, or attend the ED. Patients with an outcome of self-management will be asked to link into the PHIO Access app which will provide a self-management programme, supported by clinicians. Patients engaging with PHIO access will be removed from waiting list however if further to self-management the patient still requires to be seen they will be reinstated on the waiting list as per the date of their original referral. Phase 2- All new routine MSK patients added to the waiting list after triage will be contacted by PHIO and follow the process described above.

Classes- we are working to the implementation of standardised classes across MSK Physio in NHS FV. Working with Health Improvement Team to support delivery of generic free health classes in leisure facilities across NHS Forth Valley.

Best in Class- 530 patients were seen to the end of December 2023. 61% signposted to self-management, 22% on watchful wait, 8% required a 1 to 1 appointment, <1% referred to ortho and 7% DNA.

<u>Mental Health Learning Disabilities and Older Adults</u>

- Learning Disabilities - Review of all processes and development of pathways for the MDT, commenced from review of Clacks LD Team.
- Older Adults – working on projects with Dementia Strategy and development of Care Aims

- Adult - MH /Physical Health service - training of wider AHP staff in Psychological informed interventions.
- Student Development - placement development in Prisons with MH OT , PAL placements - lead by Band7 OT
- Workforce development - from Sept 23 there were 47% vacancies, this has reduced now to 8% with extensive skill mix - workforce review, we have provided wellbeing session for Adult services, now have workforce projected to deliver needs led interventions, in whatever form that is most appropriate for the patient group within the service.

Falls Lead Programme of work: Clackmannanshire and Stirling HSCP

Working collaboratively across the partnerships, we have developed a "Community Falls Management & Prevention" webpage hosted on NHS Forth Valley's supported our Care Home Support team. We have delivered education sessions to care home staff across Forth Valley over the past year and recently ran our first every full day education workshop to care home staff on Falls & Bone Health.

We have engaged with many third sector groups to raise awareness of falls to those whom it is most relevant including: Stirling Carers Centre, Forth Valley Men's Shed and Dementia Friendly Dunblane with excellent participant feedback e.g. "Lots of useful information/signposting. Delivery made it easy to understand". We are close to opening 10 Falls Hubs in libraries across Stirling - including the mobile library vans. The purpose of these hubs is to transfer our resources on Safer Mobility and Falls Prevention out into the community to improve accessibility and promote self-management within communities.

Nutrition and Dietetics
The teams within Nutrition and Dietetics - Healthier Future, Clinical Acute and Community are working with an improvement advisor to improve access and outcomes for the population of Forth Valley and ensure substantiality of the services in the future.

The QI advisor will support QI Projects aligning with AHP and NMAHP Strategies and build a QI Culture with lasting capacity and capability within the service.

An engagement event was held in Jan 2024 for all staff and the outputs of this identified 5 workstreams, these were:-

- Administration Roles and Processes
- Communication (including the use of Social Media)
- Service Delivery
- Governance and Compliance
- Workforce Development

Pre-Diabetic Workstream: Early Intervention Model
With a focus on a person-centred model, we undertook a Human Learning System experiment to facilitate a feeling of empowerment for people at risk of type 2 diabetes. We undertook this in a community at high risk of health inequality, situated in an area of high multiple deprivation. We can demonstrate improved personal outcomes through formal and informal interactions, and savings in time and cost. Phase 2 is ongoing. This workstream has been picked up by Realistic Medicine Policy at Scottish Government and has been

shortlisted to be included in the Chief Medical Officer report to be launched at this year's NHS Scotland Conference.

Highlight Innovation and e-Health
Forth Valley AHPs are committed to improving the care and wellbeing of people by making best use of digital technologies and data in the design and delivery of services. The AHP Digital Clinical Lead ensures there is strong AHP involvement within the development and delivery of the NHS Forth Valley Digital Health and Care Strategy. During 2023-2024, the number of AHP services using TrakCare and Morse has increased as services continue to move towards electronic referral management and appointment systems, and electronic patient records.

Highlight Innovation and Improvement AHP Workstreams
AHPs have been actively involved in testing the upgraded software for both TrakCare and Morse. AHP Morse Super Users have also shaped and tested new functionality. This includes appointment templates which have significantly reduced the time it takes staff to enter information into the system. In January 2024, electronic growth charts for children were launched within Morse. Dietitians and Paediatricians were the first services to use this functionality which is reducing duplication of measurements and ensuring a wide range of professionals involved within the care of children have oversight of growth.

A number of AHP services are continuing to offer video appointments via Near Me. This ensures digital options are increasingly available for people accessing services. Digital solutions for delivery of AHP services will continue to develop over the forthcoming year. As described in Scotland's Digital Health and Care Strategy: "If digital is the engine of our health and care system, data is its fuel." AHP services are utilising data to support service delivery, improvement and redesign. The encouragement for staff to undertake Quality Improvement projects is helping to equip AHPs with the ability to understand and interrogate data from clinical systems. In addition, AHP portals are under development within Pentana, the Performance and Risk Support System, to ensure robust and transparent reporting for AHP Care Assurance.

Summary
Our work across the AHP Community in Forth Valley has resulted in significant improvements in care assurance and governance, accountability and reporting with a focus on improved outcomes for the people we service.

We are committed to delivering the right care at the right time in the right place and in the coming year will take forward transformational change, moving towards a shift in the culture of practice involving a focus on early intervention and prevention and integrated whole systems working. In committing to a systematic shift in culture of practice to embrace early intervention and preventative strategies in service delivery, it is recognised that for many services, current systems and models of care make it challenging to shift the balance of care. AHPs will need effective cooperation from and partnership-working with, universal services (including public health) and partners across the organisation and H&SCPs to realise this ambition.

We will progress the principles of the NMAHP Professional Leadership Review to ensure robust leadership structures and opportunities underpinned by learning from quality improvement initiatives. In addition we will commit to visible engagement and involvement of the people of Forth Valley in service development and design and to the continued delivery of safe effective and evidenced based practice to meet people's needs.

Our workforce is critical to our success moving forward and we will strive to provide opportunities for growth and development and positive work experiences

Infection Prevention Control

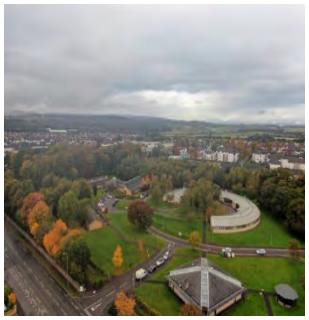
Covid-19 Pandemic

This year has seen a slow decrease in Covid-19 across our hospital sites compared to previous years. On average there were 20 inpatients per day throughout most of the year with a reduction at the start of this year to less than 10 inpatients per day. All symptomatic patients are tested for Covid-19 and other respiratory viruses to help minimise the spread of infection in our inpatient areas.

The Infection Prevention & Control Team (IPCT) provides continual support and education to all clinical areas. The direction of the team is supported by data gathered by the team to provide robust evidence-based decision-making. Examples of data collected include from surveillance such as *Staphylococcus aureus* and *Escherichia coli* bacteraemias, *Clostridioides difficile* infection and device associated bacteraemias and audit performed by the team. The data gathered, identifies opportunities for improvement and research to learn from events to minimise future infections. Improvements to how this data is stored has been progressed significantly over the last year and all IPCT data is now uploaded onto Pentana. The data includes audit findings, surveillance activities and hand hygiene and enables all staff with access to Pentana to see their data at ward level, service level and at board level. Further developments this coming year will enable report templates to be generated pre-populated with data to allow service leads to present updates of IPC activities at local governance committees.

Health Improvement Scotland (HIS) Inspection

In June 2023 an unannounced inspection by Health Improvement Scotland was carried out in Bellsdyke Hospital and focussed on infection prevention and control (IPC). The inspection was well received and areas of good practice were identified including staff knowledge of IPC, IPCT support and staff patient relations. The inspection also identified five requirements for improvement and two recommendations. All requirements and recommendations have been addressed and the inspection team are content with the actions taken. The report was published in September 2023.



Care Home support

The Infection Prevention & Control Team has provided IPC support and guidance to care homes since the start of the pandemic. Initially the team supported care homes during Covid-19 outbreaks in collaboration with the Health Protection Team, however, the team now provide routine regular audits, education and training to staff across all care homes. Establishing a good working relationship with the IPCT and care homes has resulted in seeing a significant improvement to standard infection control precautions over the last 12 months.

Furthermore, in October 2023, the IPCT hosted an IPC study day, which was well attending by care home staff. A further study day is planned for the summer of 2024.

Developments and Celebrating Success

Ward 4, Specialist Dementia Unit, at Forth Valley Royal Hospital were the proud winners of the Top Team Award at the Scottish Health Awards 2023. This award is intended to recognise a "team which delivers an excellent service". In the words of Dr Mark Harrison, Consultant Psychiatrist who nominated the team for this award... "Excellence can come in many forms. Excellent service can be a pioneering new team in purpose-built facilities delivering cutting edge care. However, in this case I believe that excellence can also be seen in more humble, less glamorous settings. Ward 4 in Forth Valley Royal Hospital is an "organic" mental health unit that serves patients with illnesses such as dementia who present with challenging behaviours that cannot be managed elsewhere. As a hospital Consultant, somewhat arrogantly, I have the sense that I have the aptitude and ability to manage most roles in the hospital. The one role that I am absolutely certain I could not manage is that of the nursing team on Ward 4, Forth Valley Royal Hospital. Were this branch of nursing care to be discovered today, the teams that provide it would be seen as incredibly specialist due to the level of complexity and skill that they must navigate. My view is that this role never gets the recognition that it truly deserves.

75th Anniversary Outstanding Care Award - Susan McRobbie

"I am overwhelmed by the kind words and congratulations I have received on winning this award. Firstly, a huge thank you to Kirsty Smith for nominating me and to all my team in Callander as we all played our part in caring for this patient. They are a wonderful group of nurses that I am proud to work alongside."

"Thank you to our management team who are great advocates for community nursing. They constantly strive to make our service one to be proud of and that is recognised in the wider nursing world (although we don't always appreciate it !)"

***This award is for all in community nursing**.*

Learning Disability Service

Celebrating success
Learning Disability Service

Developments within Community Mental Health

Over the last year our staff have been really busy developing new group sessions focused on Recovery as well as establishing and building new relationships and sessions with our partners in third sector. More recently staff took up an exciting new opportunity offered by the Royal Horticultural Society to offer our patients something a bit different. Please read on to find out a bit more about each of these new developments.

Recovery through Activity Programme

The Recovery through Activity Programme was developed by Sue Parkinson, Occupational Therapist, who recognised the value of activity in assisting recovery in particular in those with enduring mental health issues. The programme explores 12 different areas in which activity can be undertaken to improve people's mental health. Sessions do not need to run in this particular order and sessions can be selected specifically to meet the needs of each patient grouping.

A pilot group began at Livilands Resource Centre in February 2024, facilitated by an OT Technical Instructor and Occupational Therapist, mainly targeting individuals working with a key worker but not yet ready for discharge and requiring some encouragement and support to consider and access community-based activities, with added guidance regarding structure and routine.

Thus far the sessions have been regularly attended by 4 clients. Activities completed so far over 8 sessions have included soup making, discussion around volunteering opportunities with a visit to an all-volunteer run cafe, some craft sessions, self-care discussion and board games. These sessions have covered several domains within the Recovery through Activity Programme including leisure, domestic, social, self -care, community, creative and vocational activities.

Sessions so far, appear to have widened attendee's ideas around becoming more involved in activity at home and possible community-based activities out with Livilands. Motivational levels, social isolation, a sense of belonging and an increase in activity seem to be among outcomes achieved so far within the client group.

It is anticipated that Recovery Through Activity will run as a rolling programme offered several times throughout the year, with scope to create a Discovery Through Activity Programme branch for those with a diagnosis of chronic

Dynamic Wheel

We started working with Dynamic Wheel around a year ago. Prior to this little was known of this small third sector organisation other than they provided people with mental ill health support in different aspects of employment and they held social events once a month.

We held meetings, both on teams and face to face with Dynamic Wheel as they wanted to support Livilands Resource Centre and how they can adapt their organisation to best suit our needs. They then came to our Wellbeing Lunch which runs on the last Monday of the month at Livilands Resource Centre to speak to patients about their service.

Since our involvement with Dynamic Wheel, we have undertaken collaborative work without breaking confidentiality and with the consent of patients. No information is given on patients' care or treatment and for the social side of their organisation, there is no referral required. Patients attend of their own volition.

Dynamic Wheel run a walking group on a Monday from Livilands Resource Centre and on a Thursday at Kings Park. We try to make sure that a staff member from Livilands Resource Centre joins these as it became evident that when this happened, there was an increase in people going that are open to Livilands Resource Centre. Patients are aware that these walks are led by Dynamic Wheel and that staff are joining as a means of support for those with severe and enduring mental ill health.

We encourage our patients that are involved with us and Dynamic Wheel to attend the monthly social events and also in the summer they do a BBQ in the Park. Dynamic Wheel also work alongside the Reuse Hub and provide a weekly peer drop in to connect and receive support from fellow members with lived experiences.

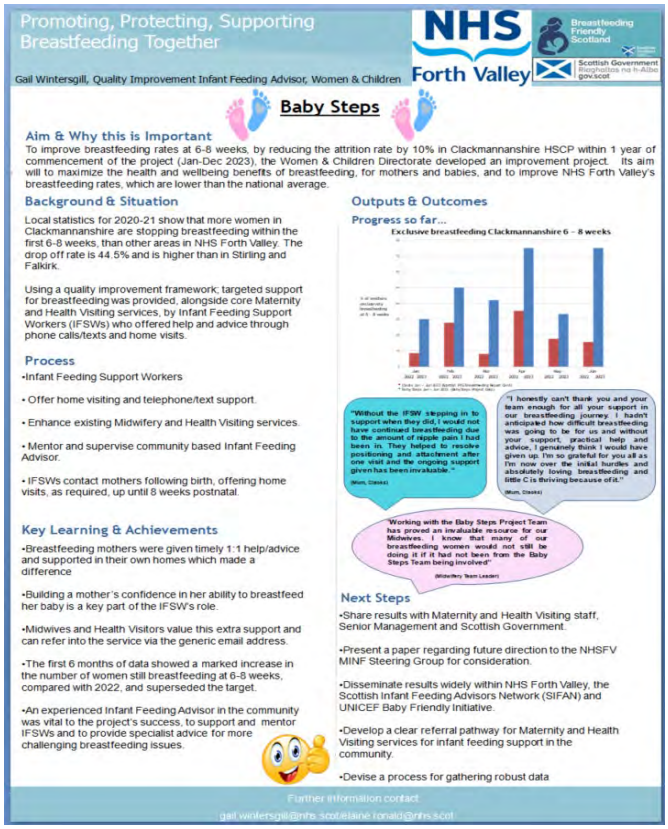
severe and enduring conditions which would look at addressing physical inactivity linked to long term mental health issues	They are very supportive of severe and enduring mental ill health, and it allows patients that are open to us to still receive the support from staff which they are familiar with but also involvement with the community.

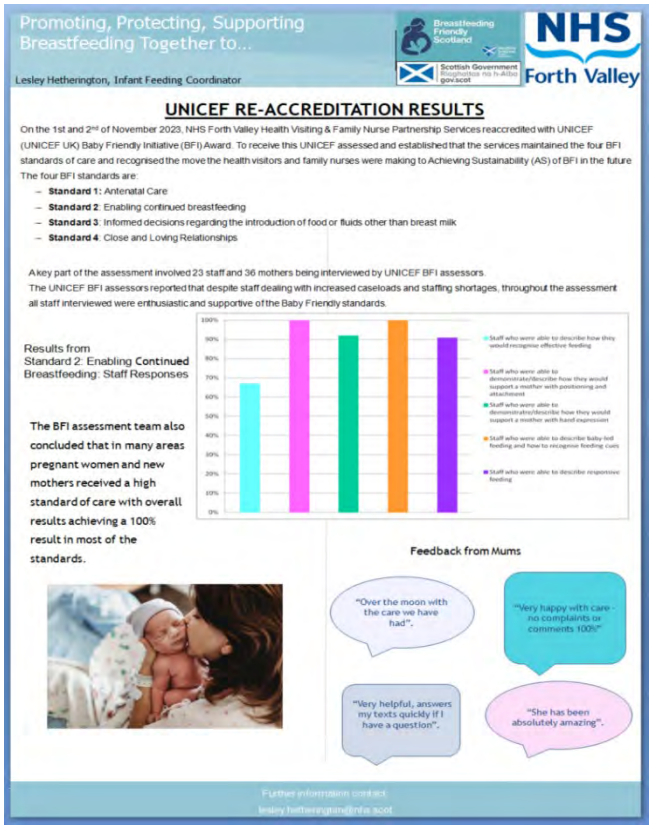
Royal Horticultural Society

'Patients have had the opportunity to attend Royal Horticultural Society workshops. Currently there have been three workshops organised over the last three months. The workshops focus on patient's wellbeing whilst introducing them to horticultural activities such as creating terrariums, making scented sachets, flower pressing, growing flowers in pots, planting seeds and glass decoupage. Facilitator Mo has also been educating everyone on different herbs and effects they can have on our wellbeing such as basil being good for tension headaches and rosemary having a calming effect. Following the first session patients have found great benefit voicing improvements in their mood and enjoying being in a social setting as opposed to at home alone. One individual stated, "I was having a bad day today but this has made me feel so much better".'

Developments in Women & Children Services

<u>Promoting, Protecting, Supporting Breastfeeding</u>





FORTH VALLEY NHS BOARD
TUESDAY 28 MAY 2024

Communications Update Report (February – May 2024)
For Information

Executive Sponsor: Amanda Croft, Chief Executive

Author: Elsbeth Campbell, Head of Communications

Executive Summary
This paper provides an update on the communications work undertaken from February – May 2024. It also provides examples of some of key service developments to improve patient care and treatment and outlines the media and digital activity undertaken to inform and engage staff, service users and other key stakeholders.

Recommendation
The Forth Valley NHS Board is asked to: -

- **note** the update and ongoing communications activity to promote a wide range of service developments, changes and improvements across the organisation.

Key Issues to be Considered
Throughout this four-month period, health and social care services across the area continued to experience significant capacity pressures, particularly during evenings, weekends and public holiday weekends. The Communications Team worked closely with service leads to raise awareness of alternatives to attending the Emergency Department and encourage people to visit NHS Inform or call NHS 24 to get the right care, in the right place, as quickly as possible. This included the creation of two new videos to raise awareness of the Minor Injuries Unit and how to access advice and treatment for the wide range of injuries which can be treated there. Work was also undertaken to highlight the expansion of the Pharmacy First scheme which enables parents to access antibiotics for children with certain skin and throat infections to access these from their local pharmacist rather having to make an appointment at their GP Practice.

Communication continued to play a vital role in educating, informing and reassuring local patients and members of the public on how to access local services as well as responding to a wide range of media enquiries and requests. Despite the ongoing service challenges, work continued throughout the period to promote a wide range of service developments, improvements, awards and achievements across the organisation.

Implications

Financial Implications
There has been no additional financial costs and efforts continue to build on and improve existing internal and external communication channels and identify opportunities for financial savings. These include a number of digital developments highlighted in the report.

Workforce Implications
Health and social care staff continue to manage significant service and capacity pressures on a day-to-day basis due to rising demand and increasing numbers of patients with more serious

and complex health needs. Work is underway to develop communication plans to support the roll out of a new Your Home First programme to help reduce the numbers of patients being taken to hospital and support those in hospital to return home, wherever possible.

Infrastructure Implications including Digital
A number of digital developments and improvements are highlighted in the report, including the development of a new Staff Intranet hosted on SharePoint online.

Sustainability Implications
Work continued to promote the development of sustainable services and action underway to meet the targets set out in the Scottish Government's new Climate Emergency and Sustainability Strategy (2022-2026).

Sustainability Declaration
Further to consideration the author can confirm that due regard has been given to compliance with the key aims of the NHS Scotland Climate Emergency & Sustainable Development Policy (DL (2021) 38) as part of the decision-making process A policy for NHS Scotland on the climate emergency and sustainable development*. (please tick relevant box)*
□ *Yes*
x *N/A*

Where applicable, the climate change, environmental and sustainability impacts and any mitigating measures are noted above/contained in the supporting papers.

Quality / Patient Care Implications
Work continued to highlight a range of initiatives and service developments designed to improve the quality of patient care and treatment. This included sharing the findings of the HIS safe delivery of care report following an announced visit to Forth Valley Royal Hospital earlier in the year.

Information Governance Implications
N/A

Risk Assessment / Management
Accurate, timely and relevant communications, tailored to the needs of specific audiences can help reduce pressure on local services, reassure the public and ensure staff are well informed.

Relevance to Strategic Priorities
Internal and external communications play a key role in supporting the Board's strategic priorities and delivery plans particularly in relation to service performance and sustainability.

Equality Declaration
The author can confirm that due regard has been given to the Equality Act 2010 and compliance with the three aims of the Equality Duty as part of the decision-making process.

Further to an evaluation it is noted that:
x Paper is not relevant to Equality and Diversity

Communication, involvement, engagement and consultation
Communications plans are developed in partnership with local service and clinical leads as well as colleagues in other NHS Boards, Scottish Government, Serco and ForthHealth and local councils, where appropriate.

Communications Update Report

February 2024 - May 2024

OVERVIEW

Throughout this four month period, health and social care services across the area continued to experience significant capacity pressures, particularly during evenings, weekends and the public holiday weekends. The Communications Team worked closely with service leads to raise awareness of alternatives to attending the Emergency Department and encourage people to visit NHS Inform or call NHS 24 to get the right care, in the right place, as quickly as possible.

To support this a new video was produced to raise awareness of the Minor Injuries Unit and how to access advice and treatment for the wide range of injuries which can be treated there. Work was also undertaken to highlight the expansion of the Pharmacy First scheme which means children suffering from sore throats or certain skin infections who require antibiotics can now get these from their local pharmacist rather having to make an appointment to see their GP.

In addition, plans were developed to promote a wide range of service developments, innovations and improvements across the organisation as part of ongoing efforts to improve performance and patient experience. These included the introduction of three new state-of-the-art imaging machines, including one which is the first of its kind in Scotland, in the Radiology Department at Forth Valley Royal Hospital to help improve the diagnosis and treatment of a wide range of health conditions.

Major advances in treatment for stroke and skin cancers were highlighted following the introduction of new thrombectomy and Mohs Micrographic Surgery services. Work was also undertaken to highlight significant improvements in Child and Adolescent Mental Health and children's speech and language therapy services with improved access and reduced waiting times.

Details of a number of awards and achievements were widely shared internally and externally to help raise awareness of the excellent work being carried by local staff and teams across the organisation.

Health Improvement Scotland published their Safe Delivery of Care report for Forth Valley Royal Hospital on 25th April 2024, following an inspection visit in January 2024. Despite the range of capacity pressures being experienced at that time, inspectors found the areas they visited calm and well led with hospital teams working together to provide compassionate care. However, it is recognised that there is still more to do to improve the experience of local patients and staff.

ACTIVITY SNAPSHOT

31,728

FACEBOOK

Followers on Facebook

19

MEDIA RELEASES

The number of proactive releases issued

18,242

TWITTER

Followers on Twitter

68

MEDIA ENQUIRES

The number of media enquiries received, managed and responded to.

175,532

FACEBOOK REACH

The number of people who saw content from our page

272

FACEBOOK POSTS

The number of posts created and posted on our page

49,671

REACTIONS, COMMENTS AND SHARES

The number of reactions, comments and shares on our posts.

5,386

INSTAGRAM

Followers on Instagram

KEY HIGHLIGHTS

Reducing Waiting Times

Work was undertaken to raise awareness of efforts to reduce waiting times in a number of key service areas, including Child and Adolescent Mental Health Services (CAMHS) and speech and language therapy services.

Within CAMHS, changes in the way local services are designed and delivered has resulted in significant improvements and reduced waiting times for young people across Forth Valley experiencing severe and complex mental ill health. A new Choice and Partnership (CAPA) approach has been put in place to help increase the range of treatment options available, maximise capacity and improve the management and monitoring of demand and capacity. This approach is having a positive impact as the Board is now exceeding the national waiting times target to ensure 90% of children and young people are seen and treated being within 18 weeks of being referred.

In addition, very long waits have been eliminated and there are currently no children or young people waiting over 18 weeks for an initial assessment - a significant improvement on previous performance.

A partnership between Stirling Council and NHS Forth Valley is also delivering some of the lowest waiting times in Scotland for speech and language therapy support for children.

Analysis shows 90% of children across Stirling accessed help within 12 weeks following a period of transformational change within the service, which is the first in Scotland to adopt a whole systems approach to improving communication by delivering the majority of its support within education settings.

A focus on early intervention and support for children through training and coaching for education staff within classroom and nursey setting has also helped reduce requests for individualised support.

The Speech and Language Therapy service has also ensured that each education setting in Stirling has a link therapist available to discuss any concerns and provide guidance to local staff. This has helped to keep caseloads at a manageable level for NHS Forth Valley with a 29% reduction in requests for individual support.

KEY HIGHLIGHTS

Improving Diagnosis & Treatment

A number of new services were introduced during the period and the Communications Team worked closely with local clinical leads, local and national media, to highlight how these will improve patient care and treatment.

Advances in Stroke Treatment

These included a new thrombectomy to improve outcomes for stroke patients who have experienced a blood clot in their brain. The 'hub and spoke' service is delivered in partnership with stroke specialists at Edinburgh Royal Infirmary (ERI) and Forth Valley Royal Hospital was the first spoke hospital outside of the Lothian area to offer the procedure.

Thrombectomy involves using a specially designed clot retrieving device, to help restore blood flow to the brain. The device can remove blood clots that may be too big to be broken down by clot-busting drugs and, in some cases, can also be used in patients who are unable to take these drugs. In the past, clot busting drugs were the only treatment available for patients who had experienced a stroke, however, thrombectomy is a major clinical development which has the potential to save lives and significantly improve outcomes.

Under the new arrangements, patients who have experienced a stroke now undergo a CT scan to see if there is evidence of a significant blood clot in their head or neck which is blocking blood flow to parts of their brain. If this is identified, and they are suitable for the procedure, they are then transferred to ERI where a thrombectomy is carried out in the hospital's cath lab using specialist diagnostic equipment.

After treatment, patients are either transferred back to Forth Valley Royal Hospital for ongoing care rehabilitation, if required, or discharged home after a short stay at Edinburgh Royal Infirmary. It is estimated that around 30 – 40 patients from the Forth Valley area may be suitable to be transferred to ERI each year to undergo the procedure and this number is expected to rise over the coming years.

KEY HIGHLIGHTS

New Skin Cancer Treatment

Details of new clinic, which provides gold standard treatment for patients with certain skin cancers, was widely promoted in April 2024 following the successful treatment of a number of local patients.

The new Mohs Clinic, which is based in the Day Surgery Unit, enables skin tissue to be removed using a local anaesthetic, which is then prepared and examined in a small adjacent laboratory. Patients undergo the procedure at a single outpatient appointment and return home on the same day, after a few hours.

This highly specialist surgical technique removes skin cancers on the scalp, face, lip, ear and neck area while preserving as much healthy tissue as possible. It requires the expertise of plastic surgeons, pathologists and healthcare scientists and the specialist treatment is currently only available in only four centres in Scotland. There are also only 8 consultant Mohs surgeons in Scotland who are able to carry out this highly specialist procedure, including two based at Forth Valley Royal Hospital.

State-of-the art Scanning

Media briefings were also arranged to mark the installation of three new state-of-the art imaging machines, including one which is the first of its kind in Scotland. The new equipment will improve diagnosis and treatment for a wide range of health conditions, including heart, renal and prostate conditions as well as cancer, urology and endocrine patients.

The machines, enable clearer images to be captured far quicker than previous imaging equipment, which not only improves the experience for patients, but also increases the number of cases which can be carried out each day.

They also enable staff to carry out a range of more complex procedures which some patients had to travel to Glasgow for in the past.

KEY HIGHLIGHTS

Right Care Right Place

Expansion of Pharmacy First

Plans were developed to raise awareness of changes which enables parents with children suffering from sore throats or skin infections that may need antibiotics to get these at their local pharmacist, saving a visit to the GP.

The initiative is an expansion of the NHS Pharmacy First Scotland programme where pharmacies are able to play a greater role in providing healthcare advice and prescribing medicines for a range of common illnesses such as earaches, sore throats and urinary infections as well as many other health conditions that previously required a visit to the GP.

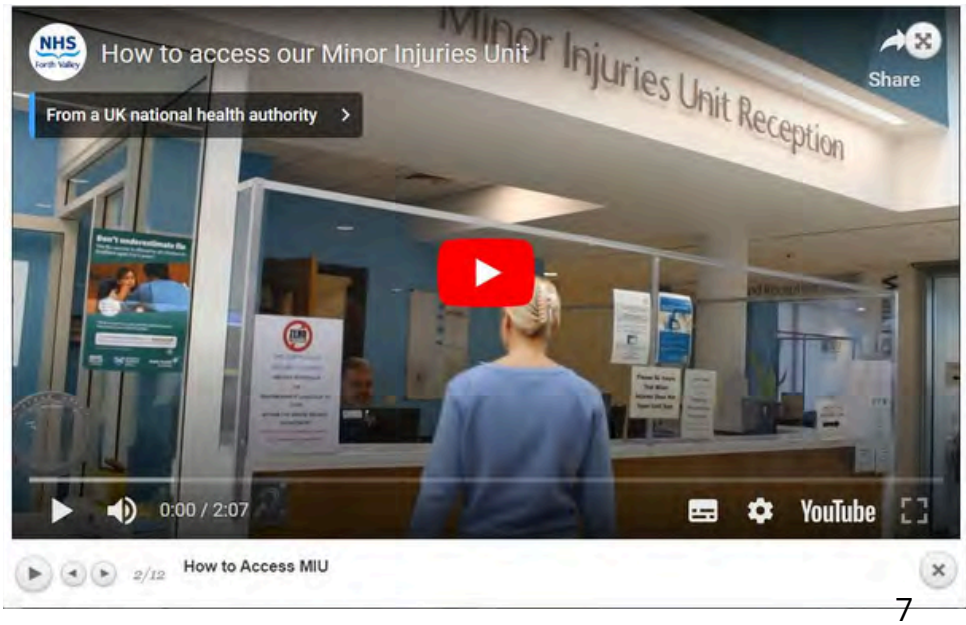
The latest change allows pharmacists to prescribe Penicillin V for children over 5 with acute sore throats and Flucloxacillin for skin infections in young people up to the age of 17.

Pharmacies in Forth Valley also offer a free sharps disposal service for diabetic patients and other whose treatment requires regular injections.

Promoting the Minor Injuries Unit

The Communications Team worked with local staff in the Minor Injuries Unit (MIU) at Stirling Health and Care Village to create two new videos which highlight the wide range of conditions which can be treated there. These include arranging X-rays for suspected broken bones and applying plaster casts as well as treating a wide range of eye and ear injuries, minor cuts, grazes and burns.

Staff were also keen to tackle some of common misconceptions that the MIU is only for people living in the Stirling Council area or can only treat adults.



The video also explains that the quickest way to access advice and treatment for a minor injury is to call NHS 24.

They can arrange a telephone consultation with a local member of staff who can provide advice and organise an appointment so you don't need to wait to be seen when you attend.

KEY HIGHLIGHTS

Protecting Health

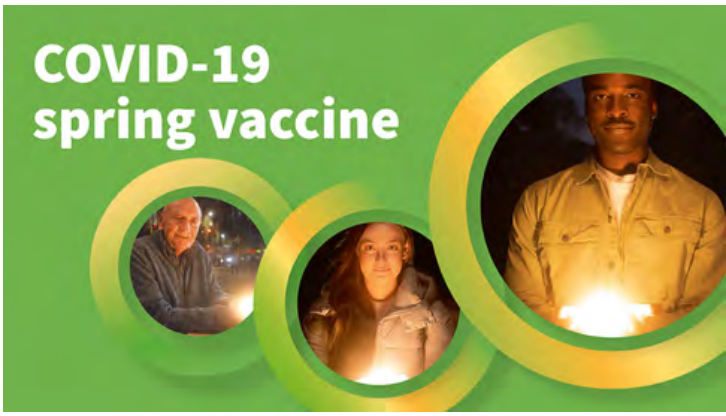
MMR

As measles cases continued to increase across other parts of the UK and Europe, the Communications Team worked closely with the immunisation leads to raise awareness of the risks and encourage local people across Forth Valley to get vaccinated.

Targeted communications were developed for parents of school aged children and young people in college or university, to check they have received two doses of the MMR vaccine to ensure they are fully protected.

Spring Vaccination Programme

Work continued to support the delivery of the Spring vaccination programme. Social media, website updates and local media briefings were used extensively to encourage local people across Forth Valley who were eligible to come forward when invited for their Covid-19 spring booster to maintain a high level of protection.



Whooping Cough

A new campaign was recently launched to encourage pregnant women to get vaccinated against whooping cough (also known as pertussis). The vaccine also offers vital protection to new born babies until they are old enough to have the routine immunisation at 8 weeks old.

Parents are also being encouraged to ensure their children are immunised against whooping cough, as the highly contagious bacterial infection can cause serious breathing problems. The Communications Team is working with both maternity and the immunisation leads to raise awareness of the risks and work is already underway to plan for Autumn and Winter vaccination programmes and the launch of a new RSV vaccine.

AWARDS & ACHIEVEMENTS

Work was undertaken during the period to promote a range of awards and achievements, internally and externally, to help raise awareness of the skills, expertise and commitment of local staff and primary care colleagues across Forth Valley.

Rising Star

Laura Green, a trainee Biomedical Scientist at Forth Valley Royal Hospital was awarded the Rising Star Award in this year's Chief Scientific Officer National Awards. The awards aim to recognise individuals who are in their early career and who have shown initiative, skill and commitment.

Laura works in NHS Forth Valley's Pathology Department, where she was initially employed as a Medical Laboratory Assistant before progressing to an Associate Practitioner and then to a Trainee Biomedical Scientist in 2023.

During this time, she completed two degrees, one in Material Science and then another in Biomedical Science in which she achieved first-class honours. Laura also undertook top up modules to enable her to become a HCPC registered Biomedical Scientist, all whilst working full time in the pathology department.

University Honours

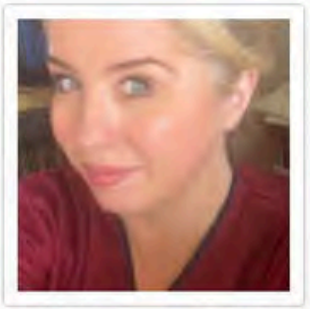
Four senior clinical staff from NHS Forth Valley have been appointed as Honorary Clinical Professors by the University of Stirling for their contribution to the University's Faculty of Health Sciences and Sport.

Dr Jeyakumar Selwyn, Consultant Stroke Physician, Dr Scott Williams, NHS Forth Valley's Deputy Medical Director for Primary Care Services and a local GP, Professor Frances Dodd, NHS Forth Valley's Executive Nurse Director for Nursing, Midwifery and AHPs and Karen Goudie, Director of Nursing have been recognised for their contribution to the University's Faculty of Health Sciences and Sport. They are all looking forward to working with local staff and students on a wide range of research and quality improvement initiatives as well as expanding the number of education and training opportunities available locally for those interested in a career in healthcare.

Dr Jeyakumar Selwyn

Dr Scott Williams

Professor Frances Dodd


Professor Karen Goudie

AWARDS & ACHIEVEMENTS

Top Score for Cricketing Consultant

NHS Forth Valley Consultant Orthopaedic Surgeon, Mr Peter Moses, hit the high notes at the Over 60s Cricket World Cup in Chennai with the top score of 71 against South Africa.

Peter, who is also honorary president and player at Stenhousemuir Cricket Club, was one of seven Scots picked for the Rest of the World Team.

He was recognised at the event with the 'Tourist of the Tour' award for all round effort and contribution to the team. The Communications Team worked with Peter to coordinate publicity prior to and after the World Cup event which resulted in widespread media coverage and attracted lots of positive comments on social media from local colleagues and patients.

Supporting Staff from Overseas

The high quality of support that overseas staff receive when coming to work at NHS Forth Valley was recently recognised with a new award from NHS Scotland.

The NHS Scotland Pastoral Care Quality Award (PCQA) acknowledges the exceptional work of local staff within NHS Forth Valley in ensuring the safe arrival, induction and provision of support and pastoral care for healthcare staff joining the Health Board from abroad. Achieving the award recognises the Board's commitment to supporting internationally educated staff with high quality pastoral care at every stage of their recruitment journey and beyond.

Lisa Fairweather, NHS Forth Valley's International Recruitment Lead and Sarah Grant, Nurse Educator (pictured), are part of a dedicated team at NHS Forth Valley who provide a wide range of professional and personal support to healthcare staff recruited through NHS Scotland's international recruitment programme. This includes tailored training and development, support to find accommodation as well as a wide range of practical and professional support to help staff adjust to living and working in Forth Valley.

KEY HIGHLIGHTS

Renal Unit Celebrates Silver Anniversary

The Renal Unit at Forth Valley Royal Hospital recently celebrated 25 years since opening in Forth Valley.

The original Unit, which was based at the former Falkirk and District Royal Infirmary, opened in 1999 and then relocated to its current location at Forth Valley Royal Hospital when it opened in 2010.

Staff nurses Ailsa Bayne and Jill Robb (pictured) were part of the original renal team and have treated thousands of patients over the last 25 years. Photographs from the anniversary event were shared on social media and attracted lots of lovely comments from current and former patients and their families.

Therapet Visits are a Big Success

A new therapet visiting scheme, which has been introduced for patients in the ageing and health and stroke wards at Forth Valley Royal Hospital, has attracted lots of positive feedback from local patients and staff.

Activities Coordinator, Joanne McDermid, led on the arrangements for the new visiting scheme which has seen Ava (a sheltie) visiting wards A22 and A32 over the last few months. As well as brightening up their day, the therapets help patients feel more relaxed and provide company for those who don't have regular visitors.

Ava and owner Isobel's visits also help spark conversation and help patients reminisce about their own dogs and family pets.

Kingsley, a dachshund, has been visiting patients in the Stroke Unit – feedback so far has been fantastic and both dogs are bringing happiness – one paw at a time!

MEDIA PROACTIVE

The Communications Team continued to promote a wide range of service developments, awards and achievements as well as highlighting career opportunities across local health and care services.

Clinic is set to provide 'gold standard' cancer treatment

Rajmund Bakonyi

A CLINIC has been introduced at Forth Valley Royal Hospital in a bid to provide "gold standard" treatment for certain skin cancers.

The Mohs Clinic has been introduced at the hospital's Day Surgery Unit to remove skin cancer and provide treatment at a very high cure rate while sparing as much healthy tissue as possible.

It utilises Mohs micrographic surgery, also known as margin controlled excision, which is a highly specialist surgical technique often used to remove skin cancers on the scalp, face, lip, ear and neck areas.

It requires the expertise of plastic surgeons, pathologists and healthcare scientists who work together to remove, prepare and examine skin tissue to ensure all the cancerous

dure at a single outpatient appointment and return home on the same day, normally after a few hours.

Wanda Charles, who was one of the first patients to be treated at the clinic, seven years ago had cancerous skin removed from her nose using traditional methods.

Unfortunately, the cancer returned and she received a referral to dermatology who made arrangements for her to be seen at the Mohs Clinic.

She said: "I attended a morning clinic and, after several rounds of removing tissue from my nose, the consultant was able to confirm that all the cancerous cells had been successfully removed, so it's unlikely I will have to return for more treatment in the future.

"I can't praise the team at the new clinic highly enough for the quality of care I received.

"The treatment was very quick, they explained every-

TEAM: Consultant plastic surgeon Richard Clark, consultant pathologists Dr Laura Maclean and Dr Imran Ahmed, deputy pathology department manager Jayne Duncan, specialist biomedical scientists Calum Granger and Leanne Moir. *Image: NHS Forth Valley*

Inspectors hail FVRH progress

STUART MCFARLANE

Inspectors have praised the progress made by leadership at the region's hospital on recommendations made after a pair of "concerning" visits in 2022.

The reports in April and September 2022 saw a total of 17 outstanding requirements for those in charge at Forth Valley Royal Hospital to implement - with Healthcare Improvement Scotland writing to both NHS Forth Valley and Scottish Government.

The latest HIS report from an inspection carried out in January this year has noted the progress made - with eight of the 17 outstanding recommendations having now been met, with action taking place on the other nine.

Further areas of improvement have also been identified for leadership at FVRH - including improved compliance with paediatric immediate life support training and the safe storage of cleaning products.

Another priority identified by inspectors is ensuring the correct procedure is followed when patients are detained under the Mental Health Act, with three new requirements drawn up in that area.

Donna Maclean, Chief Inspector for Healthcare Improvement Scotland, said:"During this follow-up inspection we have been assured that significant progress has been made by NHS Forth Valley in all of the areas highlighted during our previous inspections.

"Patients and relatives were complimentary about their care and the staff providing it. There was an open and supportive culture in the hospital and staff said they felt able to raise concerns.

"Despite increased hospital capacity, the areas we inspected were calm and well-led with teams working together to provide compassionate care.

"Inspectors reported a significant improvement in both the emergency department and the acute admission and clinical assessment units.

"Learning from patient feedback in the clinical assessment and acute admissions

areas is being used to implement changes to improve patient experience.

"The majority of staff we spoke with describe Forth Valley Hospital as a good place to work with a supportive and visible senior leadership team and an improvement in culture since our previous inspection in September 2022."

The safety and quality concerns identified in the 2022 reports saw HIS staff commissioned to assist the health board in meeting the areas of improvements.

That process included the forming of a dedicated team, tackling identified issues on several areas including the improvement of patient safety over contingency beds in times of pressure and development of "hospital huddles" to improve communication and coordination.

During the two-day visit to the hospital in January, inspectors found the hospital was operating at 129 per cent of its capacity, with the emergency department sitting at 193 per cent on the second day.

It included 15 patients waiting more than 12 hours for admission to an appropriate care area.

In response to the outcome of the report an NHS Forth Valley spokeswoman said it "welcomed" the latest report and said inspectors had found the areas they visited "calm and well led" despite pressures of capacity.

The spokeswoman added that patients and relatives were complimentary about the care received and the staff providing it with further patient feedback being used to guide changes and improvements.

Professor Frances Dodd, NHS Forth Valley's Executive Nurse Director, said: "We are pleased that the inspectors saw evidence of the significant progress made to address the issues and concerns highlighted during the previous inspection visits.

"Many of the requirements outlined in the report have already been addressed and will ensure all are fully implemented.

"We also recognise that there is still more to do to maintain and build on the good work already underway to further improve the experience of local patients and staff.

Advanced dual scanning system introduced

Rajmund Bakonyi

A DUAL scanning system has been introduced at Forth Valley Royal Hospital to enhance diagnosis for cancer, urology and endocrine patients.

The state-of-the-art Siemens Symbia Pro.specta system will increase the accuracy of scans, enhancing the quality and speed of diagnoses with patients to benefit from access to faster examinations, shorter appointment times and less need for repeat visits.

The machine uses nuclear single-photon emission computed tomography (SPECT) technology with a gamma ray camera to scan patients who have been injected with a harmless radioisotope.

This is combined with a 360-degree CT scan to create

STATE-OF-THE-ART: The system will improve accurate diagnosis

Image: NHS Forth Valley

detailed imaging of structure and physiology.

The patient receives the CT scan immediately after the gamma ray scan, whereas previously they would have to wait a few hours or even days for the subsequent CT scan.

The quality of the images is significantly enhanced by keeping the patient in exactly the same position for both scans.

Artificial intelligence then superimposes the images from both scans to create a more accurate and detailed report for diagnosis.

It means tumours and lesions can be pinpointed with more detail.

'Significant progress' is being made at FV royal

Inspectors note clear improvements in multiple departments following a recent hospital visit

Rajmund Bakonyi

FORTH Valley Royal Hospital has made "significant progress" since serious patient safety and quality concerns were raised by inspectors two years ago, according to a fresh report.

Improvements have been made in both the emergency department and clinical assessment units since requirements were placed on the health board in 2022, Health Care Improvement Scotland confirmed in a report published on Thursday, April 25.

Inspectors returned to the Larbert hospital unannounced this January for a follow-up visit after they raised serious concerns two years ago, placing 17 requirements on NHS Forth Valley.

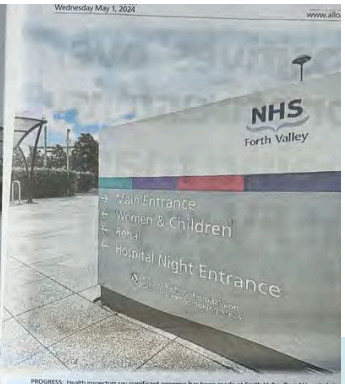
Requirements related to effective risk management, safe delivery of care to all patients, meaningful staff engagement that allows doctors and nurses to raise concerns in an open and transparent culture among other items.

Following two visits in 2022, which resulted in both the health board and Scottish Government being formally approached regarding the concerns found, Healthcare Improvement Scotland was commissioned to provide an improvement support to NHS Forth Valley to address key issues.

Donna Maclean, chief inspector at Healthcare Improvement Scotland, said: "During this follow-up in-

spection we have been assured that significant progress has been made by NHS Forth Valley in all of the areas highlighted during our previous inspections.

"Patients and relatives were complimentary about their care and the staff providing it... the areas we inspected were calm and well-led with teams working together to provide compassionate care."



PROGRESS: Health inspectors say significant progress has been made at Forth Valley Royal Hospital since serious concerns were raised in 2022. *Image: Iain Smith*

Further areas for improvement have also been identified during the latest inspection.

Those include improved compliance with paediatric immediate life support training and the safe storage of cleaning products.

Also, ensuring the correct procedure is followed when patients are detained under the Mental Health Act, which has resulted in three new requirements.

There were eight areas of good practice identified, one recommendation and a total of 32 requirements with an improvement plan developed.

Requirements in the report mean the hospital has not

inspection team is concerned about the impact this has had on patients.

The chief inspector added: "Learning from patient feedback in the clinical assessment and acute admissions areas is being used to implement changes to improve patient experience.

"The majority of staff we spoke with describe Forth Valley Hospital as a good place to work, with a supportive and visible senior leadership team and an improvement in culture since our previous inspection in September 2022."

The health board has welcomed the report, highlighting that improvements were

pacity pressures being experienced.

Prof Frances Dodd, executive nurse director at NHS Forth Valley, said: "We are pleased that the inspectors saw evidence of the significant progress made to address the issues and concerns highlighted during previous inspection visits.

"Many of the requirements outlined in the report have already been addressed and we will ensure all are fully implemented.

"We also recognise that there is still more to do to maintain and build on the good work already underway to further improve the expe

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Improvements made to child mental health services at NHS Forth Valley

'...We need to maintain and build on this work'

Chris Faulds

SIGNIFICANT improvements in the delivery of child mental health support have been made at NHS Forth Valley.

This has been made possible due to the changes in the way local Child and Adolescent Mental Health Services (CAMHS) are designed and delivered across the health board.

NHS Forth Valley have implemented a new choice and partnership approach (CAPA) which helps to increase the range of treatment options available, maximise capacity and improve management and monitoring of demand.

This approach has improved Forth Valley CAMHS, with the health board now exceeding the national waiting times target of ensuring 90 per cent of children and young people receive support within 18 weeks of referral.

NHS Forth Valley currently is sitting at 95.4 per cent.

IMPROVEMENTS: The health board has adopted the internationally renowned approach. *Image: NQ*

national average of 88.8 per cent, with the health board confident this will be maintained.

Lesley Dunable, department manager/head of nursing for CAMHS services at NHS Forth Valley, hailed the progress so far and urged it to continue.

She said: "While we are delighted at the positive impact of the changes we have made, we now need to maintain and build on this work by continuing to develop and improve local services for children and young people with very severe, complex and persistent symptoms of serious mental health illness."

The health board further reported that there are currently no children or young people waiting more than 18 weeks for an initial assessment.

The service is also working alongside partners in local councils to help increase access to a range of community-based services.

These services will make it quicker and easier for children and young people to access support from an early age.

Primary care mental health workers are also now working in local GP practices across Clackmannanshire and the wider Forth Valley areas, which will help provide support for issues such as anxiety, depression and sleep problems.

MEDIA ISSUES

A wide range of media enquiries were responded to during the period, including a number in relation to waiting times, financial challenges, delays to the opening of the new National Treatment Centre ward and complaints relating to care and treatment.

Figures The latest statistics were revealed at an NHS Forth Valley board meeting

Long waits for urgent treatment

STEWART MCCONNELL

More than 100 patients in NHS Forth Valley had to wait almost a day for unscheduled treatment.

In December, 101 people had to wait 23 hours, well over the four-hour target, a recent board meeting has heard.

However, overall compliance with the four-hour emergency access standard in December 2023 was 50.7 per cent, Minor Injuries Unit (MIU) 99.7 per cent and Emergency Department (ED) 43.4 per cent.

Some 2,755 patients waited longer than the four-hour target across both the ED and MIU, with 1,466 waits longer than eight hours and 782 waits longer than 12 hours.

The main reason for patients waiting beyond four hours continues to be waiting for first assessments as a result of issues in relation to capacity and flow.

A total of 637 patients waited more than four hours for a bed.

In December, there were 492 new attendances to Rapid Assessment and Care Unit (RACU), 147 of which were via the ED.

Meanwhile, at the end of December 2023, the number of patients on the waiting list for a first outpatient appointment was 15,877, with the number waiting beyond 12 weeks sitting at 7,049.

Board member Martin Fairbairn said: "In scheduled care we have positive figures and I guess that does link to the fact that during Covid we did make a deliberate decision to maintain a performance around scheduled care.

"In other areas of Scotland you are looking at 50 per cent.

"We have problems in other areas but this is a really positive performance and we must bear that in mind when it comes to budget figures."

Other figures showed the number of

At the end of December 2023, 5,474 patients were waiting beyond the six-week standard for imaging with 424 patients waiting beyond six weeks for endoscopy.

Cancer target compliance in November 2023 against the 62-day target was 74.2 per cent, with these patients waiting less than 62 days from urgent suspicion of cancer referral to their first cancer treatment.

This is compared with the November 2022 position of 70 per cent and 31-day target compliance was 99 per cent.

The position for the July to September 2023 quarter is that 68.2 per cent of patients were treated within 62 days of referral with a suspicion of cancer.

During the same period, 98.1 per cent of patients were treated within 31 days of the decision to treat.

The new outpatient did not attend (DNA) rate across acute services in December 2023 is noted as 6.5 per cent, which is an improvement from the position in December 2022 of 8.5 per cent.

The return outpatient DNA rate across acute services in December 2023 was 7.3 per cent and for psychological therapies in December 2023, 74.6 per cent of patients started treatment within 18 weeks of referral.

In Child and Adolescent Mental Health Services (CAMHS) in December, 76.8 per cent of patients started treatment within 18 weeks.

The sickness absence target of the workforce is four per cent.

This remains above the target at 7.35 per cent in November, an improvement from 7.83 per cent in November 2022.

Special leave absence for Coronavirus reasons is noted as 0.34 per cent in November 2023, while the overall absence for November 2023 was 7.69 per cent.

The total number of delayed discharges was 119, with the number of bed days occupied by delayed discharges sitting at

Health services face £55m funding gap

NHS Forth Valley reveal massive deficit at meeting

STEWART MCCONNELL

Major cuts will be needed by NHS Forth Valley as it faces an eye-watering £55million funding gap next year with costs needing to be driven down.

That was the blunt message from Director of Finance, Scott Urquhart at Tuesday's Board meeting at Carseview House.

He said unfunded contingency beds were costing too much and were causing huge financial pressures with an increase in workforce costs.

Supplementary staff were also adding to the bills and had to be reduced, along with cover for vacancies, he said.

Mr Urquhart revealed that the forecast overspend for this year had fallen from £15.6m to £10.3m and that the savings plan of £25m was on track to being delivered.

The Finance Director said: "There has been a 40 per cent increase in the supplementary bank agency staff costs.

"We have also had high inflation rates and that has caused a lot of unavoidable initial costs on some of our bigger contracts and we saw additional costs of medicines through price and volume.

"We have improved our deficit through a technical switch between capital and revenue monies.

"We will continue to work and reduce deficit but flexibility is becoming quite limited unless we start to see a quite rapid improvements on the costs coming through acute services in terms of beds reducing and unless we get more money from the Scottish Government.

"We are developing a financial plan and there was a flat cash settlement for the NHS in Scotland although we have already effectively had that.

"There are no cuts to NHS resources but there are no new resources for things like medicine supplies.

"We will plan around assumptions and so we are expecting a new pay award for 2024-25 to be met with additional funding from the Scottish Government and also we are expecting new medicines funding from the Scottish Government which may reduce from £250m last year.

"We are expecting a core capital budget next year but no funding for any specific projects beyond that.

"Although we are doing well in our £25m savings delivery a lot of that is through non-recurring costs.

"The gap of £55m is the equivalent of the £40m we had in this financial year.

"The Government have asked us for a position which is better than last year.

"Next year we need at least £40m in deliverable savings.

"We have to find £55m as we are legally obliged to.

"We have to see collectively what we can do in a whole system approach, we have to tackle the quick, short wins.

"We have to balance the financial requirement with our governance but patient safety is at the heart of everything we do.

"The priority is to reduce supplementary staffing as well as trying to get agency staff out of the system as well."

Board Chair Janie McCusker, who was presiding over her final meeting before her term ends, said: "This is a bit of a stark picture which has been painted but it's good to hear the areas of focus the whole systems leadership is looking at.

"It's not only about saving money but delivering quality health care to our communities, that is important."

Cuts Chiefs say costs will have to be scaled back

Technical issues leads to delayed opening of NHS Forth Valley National Treatment Centre ward

Scots A&E doc who cost NHS £1m during six year suspension was 'unfairly dismissed'

Vulnerable young woman left covered in bruises after she was "wrongly restrained" in mental health unit

Rape victim who tried to take own life more than 40 times says 'lack of support' put her at risk

Concerns raised over busy A&E

The accident and emergency unit at Forth Valley Royal Hospital was bursting at the seams when inspectors made an unannounced visit in January.

On the second day of their onsite inspection by Healthcare Improvement Scotland, the emergency department was operating at 193.3 per cent capacity with 15 patients waiting over 12 hours for admission to an appropriate care are.

The national target for accident and emergency waiting times means that 95 per cent of patients should wait no longer than four hours from arrival at the emergency department before admission, discharge or transfer for other treatment.

Across NHS Scotland for the week ending January 28 when the inspectors were in the hospital, 62.7 per cent of patients were seen within the four hour target with 38.1 per cent of patients seen within the four hour target at FVRH. Latest figures issued this

The HIS report noted how busy the Larbert A&E was.

life support – with only 19 per cent trained.

Hospital managers gave an assurance that training was taking place.

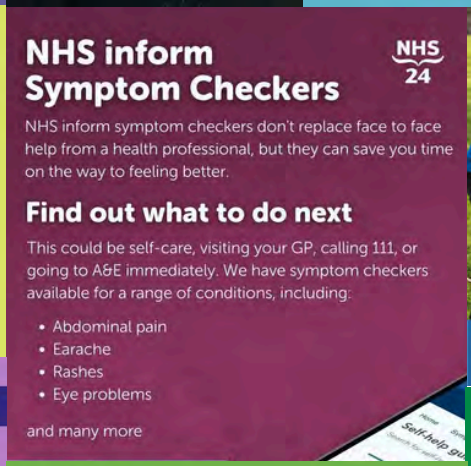
The inspectors added: "We spoke with two patients who had been in the emergency department for 24 hours who described the staff as kind and attentive."

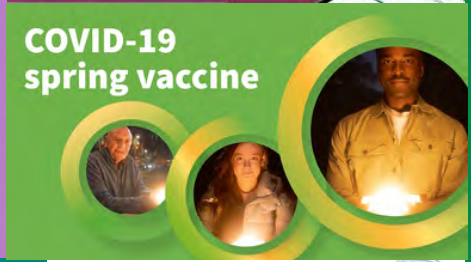
They also looked at what provision was made for patients to wait and for their care during the capacity issues. They heard that every patient who arrived should have their first experience of triage within 15 minutes of

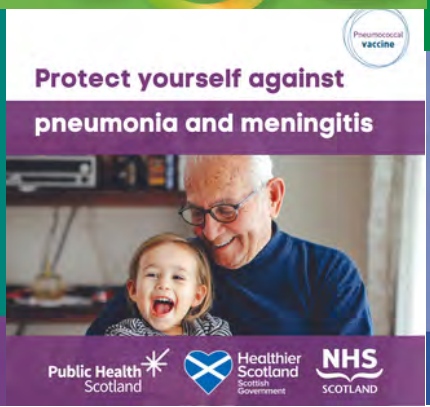
SOCIAL MEDIA

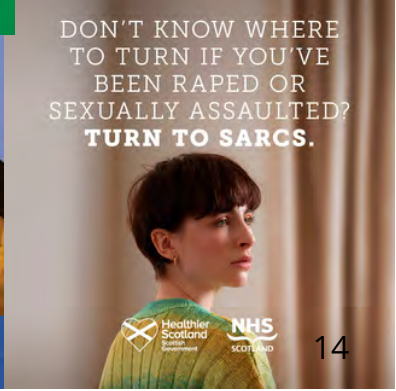
NHS Forth Valley's social media platforms were used extensively to provide health advice and information, promote the work of local staff and signpost people to local services and support. Social media audiences continue to grow and NHS Forth Valley now has over 31,000 followers on Facebook, more than 18,200 followers on Twitter and a growing audience on Instagram.

Over the five month period, the Communications Department worked closely with colleagues from the Scottish Government, Public Health Scotland and NHS 24 to support a number of national campaigns. These included vaccinations programmes, mental health support, stop smoking services and NHS Inform.









SOCIAL MEDIA

Information and updates included advice on how to access healthcare and advice during public holidays and details of NHS Forth Valley's travel vaccination service.
Weekly 'Feedback Friday' posts continued to be shared to highlight positive feedback from local patients and their families along with regular posts to promote local job opportunities and recruitment events. Work was also undertaken with local staff to mark International Nurses Day, Learning Disability Awareness Week and International Day of the Midwife.

SOCIAL MEDIA

Celebrating International Nurse's Day 2024

Celebrating International Nurses' Day 2024 💙

🛏 Community Mental Health Team, Livilands Resource Centre
🛏 Nursing team, Stenhousemuir Health centre
🛏 Nursing teams, Parkview, Ochilview and Viewpoint
🛏 Community Mental Health Team for Older Adults (Clacks)

#IND2024 #InternationalNursesDay #teamNHSFV

Unit 5, Falkirk Community Hospital celebrating International Nurses' Day 💙

#IND2024 #InternationalNursesDay #teamNHSFV

Immunisation teams celebrating International Nurses' Day 2024 💙

#IND2024 #InternationalNursesDay #teamnhsfv

Adult psychological therapies team and Stirling Older Adult CPNs celebrate International Nurses' Day 2024 💙

#IND2024 #InternationalNursesDay #teamnhsfv

Happy International Nurses' Day 2024 💙

#IND2024 #InternationalNursesDay #teamNHSFV

Ward B11, Forth Valley Royal Hospital celebrate International Nurses' Day 2024 💙

#IND2024 #InternationalNursesDay #teamnhsfv

DIGITAL DEVELOPMENTS

NHS FORTH VALLEY WEBSITES

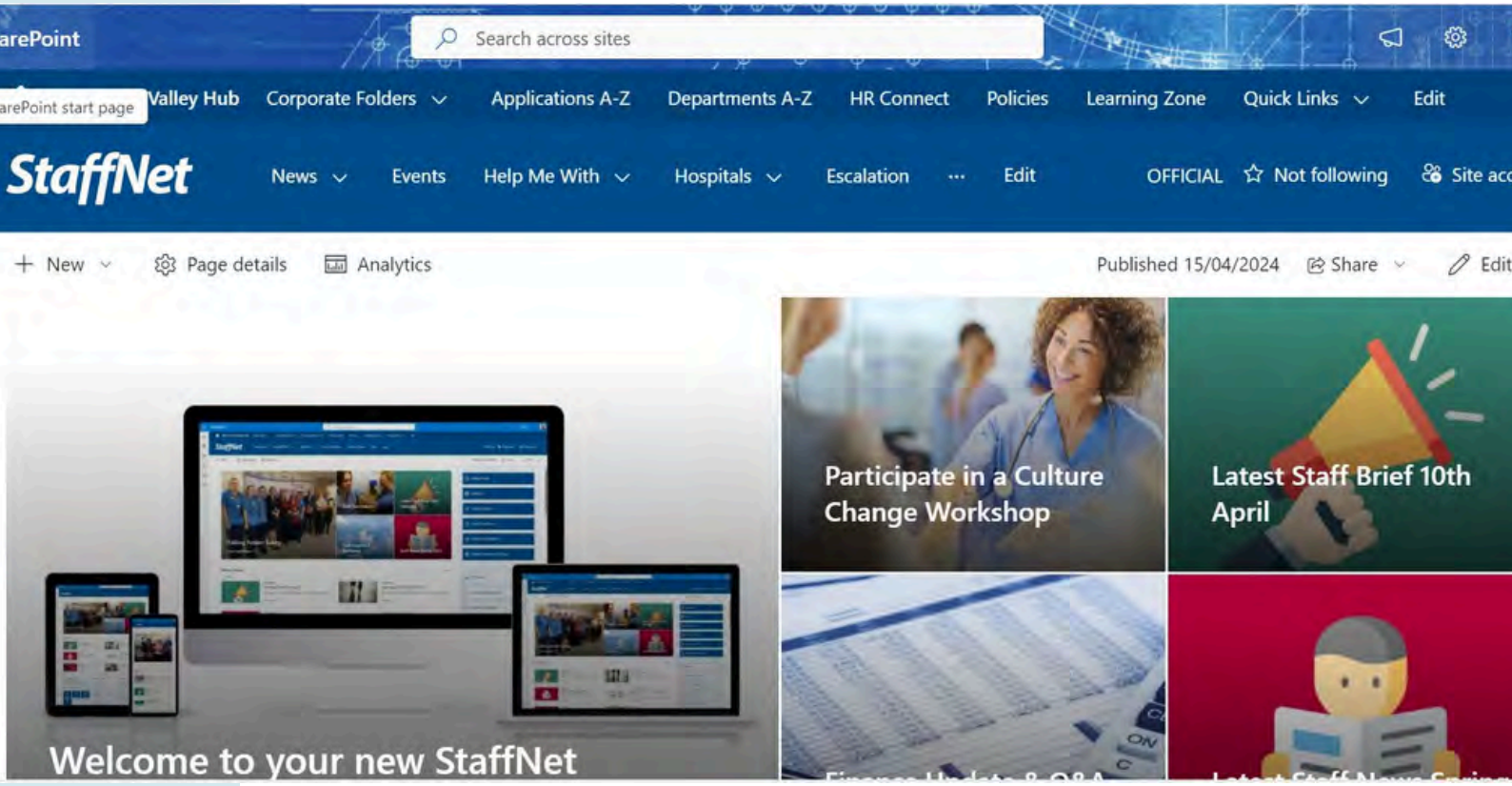
Between 1st February 2024 and 15th May 2024, there were 486,182 tracked views on the main NHS Forth Valley website www.nhsforthvalley.com.

However, the actual number of visits is likely to be higher as people accessing the site can now opt out of online tracking. Job vacancies, phone numbers, Forth Valley Royal Hospital and appointment confirmation/cancellation were among the most viewed content.

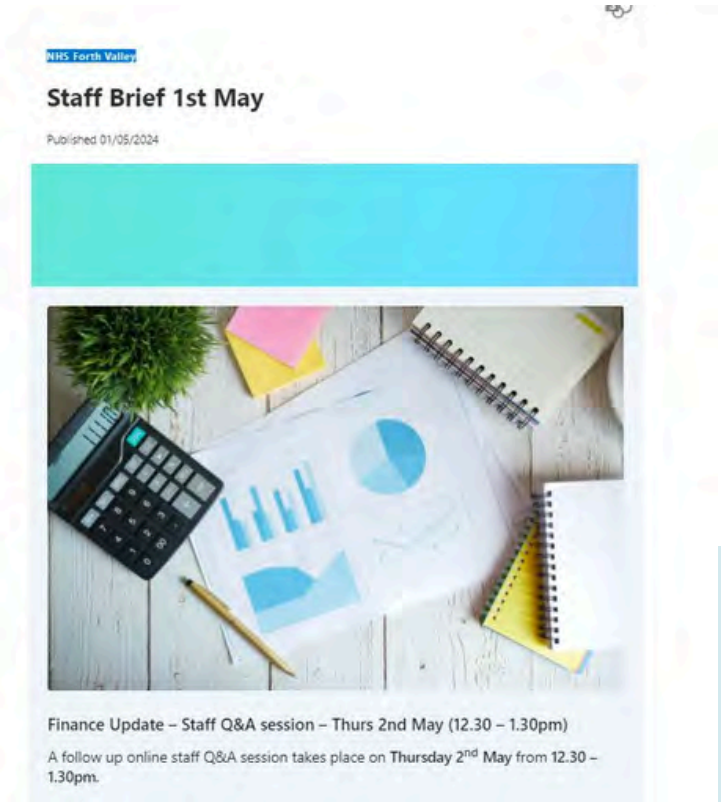
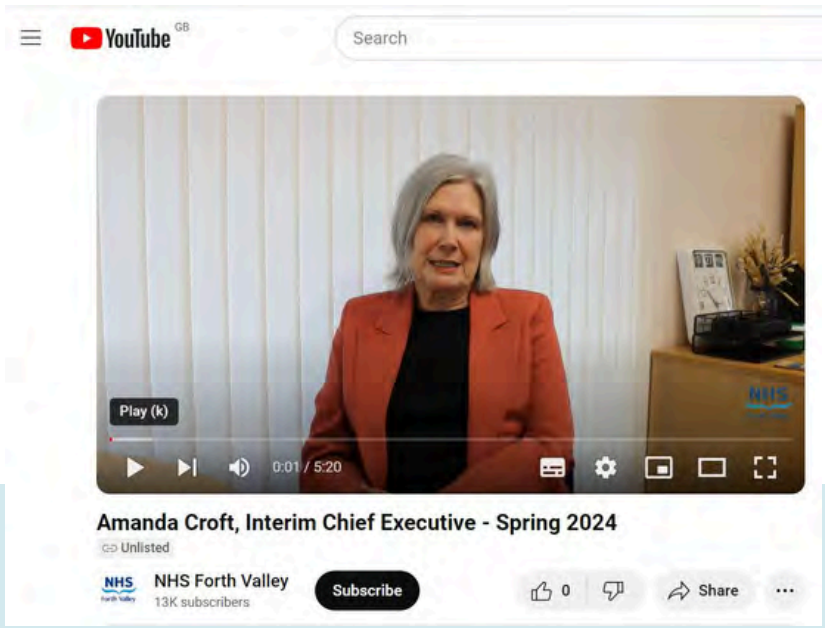
Launch of new Staff Intranet

As part of plans to roll out SharePoint Online across NHS Scotland, the NHS Forth Valley Staff Intranet (StaffNet) was redesigned and transferred over to this new platform. The new look intranet provides a number of additional features, improved functionality and tracking.

A number of microsites have also been migrated across to the SharePoint platform including the Learning Zone, HR Connect, Policies and Procedures and the new Referral Guidelines (MARG).



INTERNAL COMMUNICATIONS

Staff News continues to be published online with key highlights emailed to all staff and promoted individually on the Staff Intranet. The newsletter can also be viewed online anywhere at www.staffnews.nhsforthvalley.com

Work continued throughout the period to ensure staff were kept up to date with daily updates on the Staff Intranet, regular Staff Briefs along with updates from the Chief Executive and Executive Leadership Team. A specific online meeting and Q&A session was arranged to update staff on the Board's financial position along with regular updates on the Culture Change and Compassionate Leadership Programme.